ADDRESS

Reg. Dist. No.

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e. IS RESIDENCE

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IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (State)

DATE SIGNED

(State)

(County)

24b. REGISTRAR'S SIGNATURE

arthur S. Frank

24g, REC'D BY REGISTRAR

DATE DEC 1 4 '59

12. CITIZEN OF WHAT COUNTRY?

ON A FARM? YES NO

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VS A15 (4) 15M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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HEALTH DEPT. Page files. Health, 40 0 may Give Pages h form PM3. esed pino sh က 960 orded CTOR:

MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 Hagerstown 20 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) # d. STREET ADDRESS Washington County Hospital Route 3. NAME OF Middle 4. DATE Lost DECEASED David Allen Baker (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH Male WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) House Building Concrete Finnisher Hagerstown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Marv 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes Mrs. Betty M. Baker 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (o), stoting the underlying couse lost. 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) Loctory, street, office bldg., etc.) While Not while 21 ot work of work 21. I certify that I took charge of the remains described above, held an Autapsy apinian death resulted fram: Natural causes . Accident . Suicide . Hamicide . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE E. W. Ditto Jr. FUNERA FUNERA DEPUTY MEDICAL EXAMINER [2] NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 50 40 River View Cemeterv 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR VS. A15ME Scott F. Minnich & Son Md. Hagerstown DATREC 1 7 '59 5M 2/57

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. cwashington Washington Maryland b. COUNTY c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lown) agerstown e. IS RESIDENCE ON A FARM? YES NO December 19 9. AGE tin years FUNDER TYPAR IF UNDER 24 HES. last birthday) Months Hours Doys 12. CITIZEN OF WHAT COUNTRY? Gossard Hag. INTERVAL BETWEEN DNSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Attempted to change driver without stopping car (County) (State) Inspection 4 Inquiry and in my Undetermined manner DATE SIGNED 22d. LOCATION (City, town, or county) (State) Williamsport Md. 24b. REGISTRAR'S SIGNATURE addus & Kraus

Item 20b Film MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

HEADERAL BY AND SERVED BY AND THE OF REAL PROPERTY OF THE OF DEATH.

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Scott F. Himmich & Bon Hagerstown

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14208 CERTIFICATE OF DEATH

			4	1	4	C	4
Reg.	Dist.	No.	1	-	1	0	1

o. COUNTY	Washington	1	MARY	YLAND	o. STATE	Md e	nere deceased	l lived. If instituti b. COUNTY		hing		sion)
RURAL ond give ne	outside corporate limi arest town) rstown	ts, write	c. LENGTH OF STAY	IN 1b	100	TOWN (If o		rote limits, write R	URAL ond	give nec	crest tow	n)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospitol, g • Cannon A	ve street	address)		d. STREET A	DDRESS	Cannon	Ave.,				FARM?
3. NAME OF DECEASED (Type or print)	Fir Harry		Middle Samuel		aker	1	4. DATE OF DEATH	Mon 12	ith	24		Yeor 1959
s. sex male	6. COLOR OR RACE white	7. MARR	DIVORCE		B. DATE OF BIRT Aug. 16		1	9. AGE (In years lost bigthday) 50 yrs.	IF UNDER Months	Doys	Hours	ER 24 HRS. Min.
10a. USUAL OCCUPATIO during most of working Cab di	ing lite, even if retired	done 10b.	chauffeu				or foreign co		1	USA	F WHAT	COUNTRY
13. FATHER'S NAME Day:	id Clinton	Bake	r		14. MOTHER'S		Mine:	r				
15. WAS DECEASED EVER (Yes, no. or unknown)	IN U. S. ARMED FOR If yes, give war or dates of s	prvice)	SOCIAL SECURITY NO 2-14-6484		nrad E.	Baker		Add Hagersto		d.		
200. ACCIDENT WAS	n mediate DUE TO he under- CON ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH)		ATH BUT		THE TERMI	NAL DISEASE		/EN IN PAR	5	PERFC	AUTOPSY DRMED?
	MEDICAL EXAMINER) Month, Doy, Yee 19	or 20d. It While of worl	NJURY OCCURRED Not while of work	20e. PL/ foo	ACE OF INJURY (tory, street, office	Home, farm e bldg., etc.	, 20f. (City	or town)	(1	County)		(Stote)
21. I certify the alive an	at I attended the	decease19		death S	occurred at	630	AM, from	the causes of reet, city or town,	and an t	last so he da	te state	deceased ed above ATE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) DULLAL	12-27-5		22c. NAME OF CEM Leiter		R CREMATORY g Luther	ran		ion (City, town,			(Stol	
23. FUNERAL DIRECTOR'S Fred W. Kra		Hage	ADDRESS erstown, Mo	i.		240. REC'I	EC 29	RAR 24b. REGI	STRAR'S SI			

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22c. NAME OF CEMETERY OR CREMATORY

Emmitsburg, Md.

ADDRESS

Mt. View Cemeterv

ADDRESS (Street, city or town, state)

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATE DEC 9

F. Baltimore St. Hagerstown.

Emmitsburg, Frederick Co. Md

arthur S. Hrace

24b. REGISTRAR'S SIGNATURE

(State)

P 62 8 P 0 VS A15 (4) 15M 9/55

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ACTUAL

PHYSICIAN'S NAME (Type)

Bul Specify)

220. BURIAL, CREMATION, 22b. DATE THEREOF

William W. Beckner Jr.

Dec. 9, 1959

MARY LAND STATE DEPARTMENT OF HEALTH-SALDMORE, T

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

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VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

COLET

					-		Keg.	Dist. No.	
1. PLACE OF DEATH o. COUNTY			2. USUAL R	ESIDENCE (WI	here deceosed	lived. If in	stitution: Res	idence before	admissian)
Washington		MARYLAND		Marvl	and	b. CO	War	whingt	on
b. CITY OR TOWN (If outside corporate RURAL and give nearest tawn)	imits, write	c. LENGTH OF STAY IN 16	C. CITY C	OR TOWN (If	outside corpore	ote limits, w	rite RURAL o	ond give neares	it town)
Hural Hagerstown	RFD4	26 yrs.	Rural	Hage	rstown	n Md.	RFD 7	#4	
d. NAME OF HOSPITAL (If not in haspito OR INSTITUTION		oddress)	-	T ADDRESS					IS RESIDENCE ON A FARM? (ES NO
Cearfos			ll Cea	rfoss	T				
3. NAME OF DECEASED (Type or print) Ame:	First Lia	Widdle	Ворр	Last B	4. DATE OF DEATH	De	Month C.	23	Year 19 5 9
5. SEX 6. COLOR OR RAG	E 7. MAR	RIED NEVER MARRIED	B. DATE OF B	IRTH	5	P. AGE (In lost birth			UNDER 24 HRS.
Female White	WIDOW	ED DIVORCED	Nov.	18 18	391	68	yrs. Mont	ths Days H	lours Min.
10a. USUAL OCCUPATION (Give kind af wa during most of working life, even if reti			USTRY 11. BIRT	HPLACE (State	ar foreign cau	untry)	12.	CITIZEN OF W	HAT COUNTRY?
Housewife	ear	Home	Gr	eensbu	urg W.	Va.		U.S.A	
13. FATHER'S NAME			14. MOTHE	R'S MAIDEN	NAME				
John Jaco	obs		Em:	ily El	len P	rice			
WAS DECEASED EVER IN U. S. ARMED F		SOCIAL SECURITY NO.	INFORMANT	12.00-20	NY 97.35	9.14		foss	Md.
No No		None My	. Mar	tin Lu	ither	Bopp	eHage	rstown	a RFD 4
Conditions, if ony, which gave rise to immediate cause (o), sloting the under-lying couse fost. Part II. OTHER SIGNIFICANT C.	TO	CONTRIBUTING TO DEATH BY	BAOY C	i de	Pas X	chi	2 llane	5	ys.
5 Dial	eter	Mellitus	_	TO THE LEAM	IIIAL DISLASC	CONDITIO	IN OIVERNIN		PERFORMED?
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINE	TH	CRIBE HOW INJURY OCCUR	RED. (Enter notur	e of injury in	Part I ar Part	II of item 1	B.)		
ZOC. TIME OF INJURY Month, Doy, Hour o. m. p. m.	While		PLACE OF INJUR foctory, street, or			or town)		(County)	(Stote)
21. I certify that I attended t	he deceas	sed from Hus 1	2 , 195	10 D	ec. 2	3, 19	259, that	I last saw t	the deceased
olive on Dec 10	, 19_3	2 9 ond that dear	th occurred	at 240	M, from t	he cause	es and on	the date s	toted above.
ACTUAL SP	1.	axb-	2		ADDRESS (Str			14	DATE SIGNED
PHYSICIAN'S F	1	2:41	_M.D4_	1/2/4	<u> </u>	<u> </u>	2.1300	110	LI SULFO
NAME (Type) L- & WUF	w.	1111011	17(1)	No	gen	rou	щ, 1	Y	
220. BURIAL, CREMATION, 226. DATE THE REMOVAL (Specify) Burial Dec. 2	7-59	22c. NAME OF CEMETERY Riverview	OR CREMATOR			ion (City,	nort	(vtn	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	7-17	ADDRESS	- 111		D BY REGISTE			S SIGNATURE	
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		3304	I			TE OF DEATI		TIMORE, I	Reg. Dist. N		118
1.	PLACE OF DEATH o. COUNTY	shington	1	MARYL		2. USUAL RESIDENCE (WI o. STATE Mary]		d lived. If institution b. COUNTY			
H	b. CITY OR TOWN (RURAL ond give n		ts, write	c. LENGTH OF STAY II	N 1b	Rural Will	iams		FD #2		
V	OR INSTITUTION	AL (If not in hospital, gon County				d. street address Pinesbur					A FARM?
3.	NAME OF DECEASED (Type or print)	Johr		Franklin	1	Bowers	4. DATE OF DEATH	Mon Dec		Doy 18	Year 19 59
5.	Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED DIVORCED		May 6 190		9. AGE (In years lost birthdoy) 58 yrs.	Months Doy		1
	o. USUAL OCCUPATION during most of wor	king life, even if retired	and a	KIND OF BUSINESS OR Onstructi		RY 11. BIRTHPLACE (Stote Clearspr			12. CITIZEN		COUNTR
13.	FATHER'S NAME	Joseph Bo	wer	S		14. MOTHER'S MAIDEN I	y Mi	lls			
	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s NO	ervice)	social security No. 20-28-3510	Mr	ormani s. Anna Bo	wers	Pines bu	rg sport	Md R	RFD
		TH [Enier only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	MY	ne for (o), (b), and (c).]	ARCT	ION			[11	NTERVAL B NSET AND	
	Conditions, if of gove rise to it couse (o), stoting lying couse lost.	mmediate ()	HEROSCLEROS	i s 01	THE CORONAL	RY ART	ERIES		UNKNO	NWC
CERTIFICATION	PART II. OTI	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA		OT RELATED TO THETERM	INAL DISEAS	E CONDITION GIV	EN IN PART 1(o		ORMED?
	20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Por	t II of item 1B.)			
CAL	20c. TIME OF INJUR	Y Month, Doy, Yes	or 20d. I	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home, form	n, 20f. (City	y or town)	(Coun	ty)	(Stot

o. m. While of work Not while of work

foctory, street, office bldg., etc.)

21. I certify that I attended the deceased fram DECEMBER 16, 19. 59, to DECEMBER 18, 19. 59, that I last saw the deceased and that death occurred at 5, 40 RMam the causes and an the date stated above. ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

ARCHIE ROBERT COHEN, M.D.

CLEAR SPRING, MARYLAND

12-19-59

(Stote)

220. BURIAL, CREMATION, 226. DATE THEREOF BURIAL Specify)

Dec. 2.2-

Dec.

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Clearspring Maryland

Rosehill Cemetery **ADDRESS**

24g. REC'D BY REGISTRAR DATOEC 2 2 '59

24b. REGISTRAR'S SIGNATURE arthur S. Hrous

moy be retain. By the hospital ar TO FUNERAL DIRECTOR: After this capage 3 should be detached for use the registror prior to burial, cremati TO HOSPITAL VS A15 (4) 15M 9/S8

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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							-		Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Was	hington		MARY		- CTATE	Mary]		d lived. If institution b. COUNTY	wash	before	admission)
b. CITY OR TOWN (If	autside carporate limits,	, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If a	utside carpo	orate limits, write RL			
Hagerstow			10 weeks		< Sha	rpsbu	urg				
d. NAME OF HOSPITA	n County	Hos	pital	1	d. STREET /		ain S	treet		- 100	IS RESIDENCE ON A FARM? YES NO N
3. NAME OF DECEASED (Type or print)	First Hele	n	Mae Mae	В	rashe		4. DATE OF DEATH	Dec.		Doy 12	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 🔲 8.	DATE OF BIRT	Н		9. AGE (In years		_	UNDER 24 HRS
Female	White	WIDOWE	DIVORCED		July	27 18	393	last birthday) 66 yrs.	Manths 1D	3's	Hours Min.
10a. USUAL OCCUPATIOn during most of working Housewif	ng life, even if retired)		KIND OF BUSINESS OF	R INDUSTR		psbu				S. A	VHAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME		- 10	2113	
	Martin Hi	nes				Z	ella	Swain			
15. WAS DECEASED EVER	IN U. S. ARMED FORCE f yes, give war or dates of serv	fenin	social security no. None		ger E	rash	ears	216 Add Sharp			treet
PART I. DEAT 3 3 Conditions, if an gave rise to in cause (a), stating the lying cause last.	he under- be under- cc)_ ER SIGNIFICANT CONDI	Ce: Ce:	rebral ac rebral ar neralized	teri art	oscle erios	rosis	Sis			7 (a) 19.	years years was autopsy
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			dropped dropped						lifte	d i	nto ca
20c. TIME OF INJURY Hour a. m. X p. m.	Manth, Day, Year 9/27/59 ₁₉	While	Nat while at wark	stire	OF INJURY	(Hame, farm e bldg., etc.	, 20f. (City Wa	shingto		C.	(State
actual SIGNATURE PHYSICIAN'S	at 1 attended the of /12/59	19	ealy M.	death a			ADDRESS (S	the causes and treet, city or town,	d an the		the deceased stated abave 14759
22a. BURIAL, CREMATION			22c. NAME OF CEME	71				TION (City, town, o	r county) Mar	vlo	(State)
23. FUNERAŁ DIRECTOR'S		- 77	ADDRESS	ew C	emete		D 8Y REGIST		TRAR'S SIGN	V	
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CERTIFICATE OF DEATH

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			Keg. I	Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived. If institutions Resid	ence before admission)
Washington	MARYLAND	Maryland	b. COUNTY Wast	nington
b. CITY OR TOWN (If outside corporate limits, wi RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RURAL and	d give nearest town)
Hagerstewn Md.	loyrs,	03 Magerste	wn. Marvland.	
d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION		d. STREET ADDRESS	enathan Street	IS RESIDENCE ON A FARM? YES NO NO
Washington County				
3. NAME OF DECEASED (Type or print) Marshall	Malter	Breeks	4. DATE Month OF DEATH De C	Day Year 6 19 59
SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UND	ER 1 YEAR IF UNDER 24 HRS.
Male Colored win	DOWED DIVORCED	Aug 15 1878	last birthday) Months	Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country) 12. (TITIZEN OF WHAT COUNTRY
janiter	Vieter predue	t Shepher	dstewn. W. Va.	ISA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N		
George Brooks		Unknew		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) I (It yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
(Yes, no, or unknown) (If yes, give wor or dates of service)	Mr	s Leah Bran	ch 406 N. Jonat	han St.
18. CAUSE OF DEATH [Enter only one couse p				INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	Cardiovascul	ar Collapse		ONSET AND DEATH
422, / DUE TO				414 44 4
	Arterioscler	Osis Gen		Teene
Conditions, if any, which (b)		ODID GCIL		gears
cause (a), stating the <u>under-</u> lying cause lost. DUE TO				
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY
Stroke y	rears ago Pr	ostatic hyp	ertrophy	PERFORMED? YES NO TO
PART II. OTHER SIGNIFICANT CONDITION STOKE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	Ç 4.	A V	120 13 110 20
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
3 20c. TIME OF INJURY Month, Day, Year 2	Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town)	(Caunty) (State)
	Vhile Not while fa	ctory, street, office bldg., etc.)	
		7	2 6 50	
21. I certify that I attended the dec				I last saw the deceased
alive an	2, and that death		_M, from the causes and on	
Lami Xarina VI	1111		ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE	July!	M.D. 119 E	. Antietam St.	12-7-5
PHYSICIAN'S Louis G.	Graff.M.D.	Hagerst	own. Md.	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c, NAME OF CEMETERY O		22d. LOCATION (City, tawn, or county	1 (5)
REMOVAL (Specify)) (State)
Eurial Dec 9 195		emetery	Magerstewn Mo	CONTRACTOR
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE S. Frank
Johnson & Walson 9	o the sentions	DATE D	EC 1 4 '59 andihun	1. / Wallet

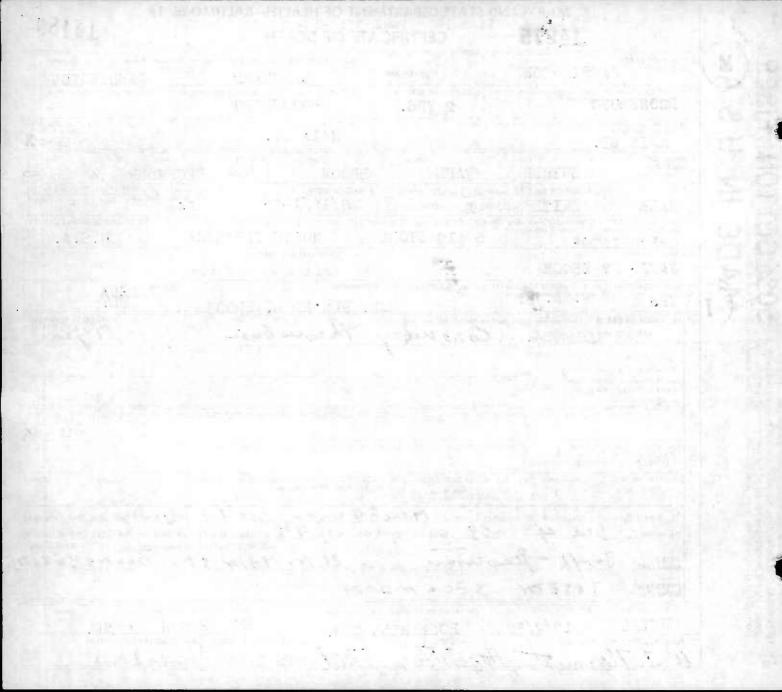
may be retained by the haspital or attending physician.

2 FUNERAL SACTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. ofter death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO FUNERAL VS A1S (4) 1SM 9/S5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Q. STATE Washington b. COUNTY MARYLAND Md. Wash. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Hagerstown Rural Vrs. Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Gateway Nursing Home YES | NO | 838 Maryland Ave. 3. NAME OF First Middle 4. DATE Yeor DECEASED 12 (Type or print) 11 Nellie DEATH 59 Byrum 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 82 vrs Months female white WIDOWED A DIVORCED T May 1877 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Williamsport, Md. USA home housewile 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown Andy Blair 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Iff yes, give wor or dates of service none no Hagerstown. Elmer Byrum 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (Stote) foctory, street, office bldg., etc.) o. m Not while of work of work 190 A. ta 21. I certify that I attended the deceased from.__ 10-1-12-11, 1959, that I last saw the deceased and that death accurred at SIM, from the causes and an the date stated above. ADDRESS (Street city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Funkstown Funkstown Md. burial

240. REC'D BY REGISTRAR

DEC 1 5 '59

24b. REGISTRAR'S SIGNATURE

arthur S. France

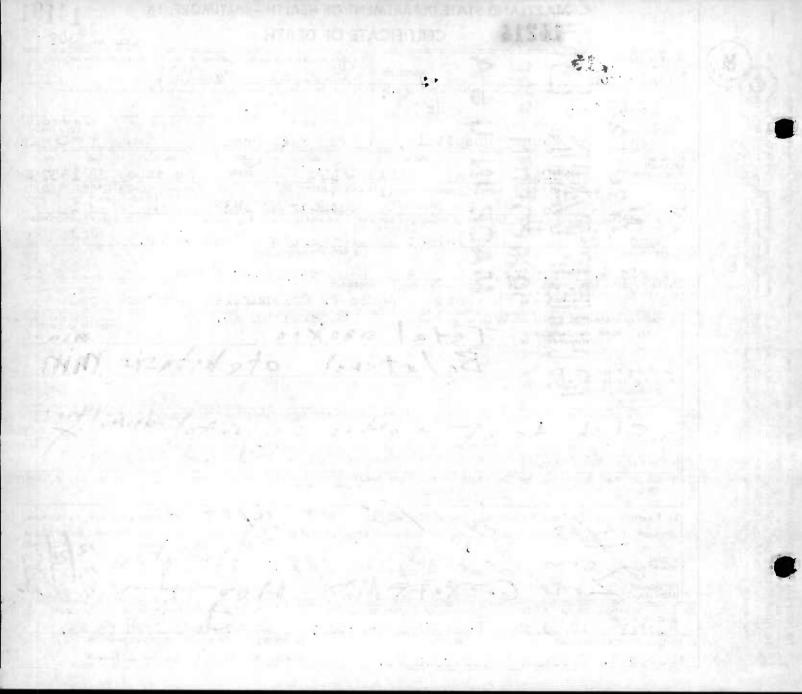
9 VS A15 (4) 1SM 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

Fred W. Kraiss

Hagerstown, Md.

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24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

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and the state of t	INERAL DIRECTOR: After this certificate has been sign	e 3 should be detached for use as the burial-transit per	registror prior ta burial, cremotion, or removol, and in
and an analysis of the state of	FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director,	oage 3 should be detached for use as the buriol-transit permit. Then please remaya.carban papers. Pages 1 and 2 should be filed with	he registror prior ta burial, cremotion, or removol, and in ony event within 72 Mours after deoth,

requires that the death certificate be executed within 24 hours

TTENDING PHYSICIAN: The low

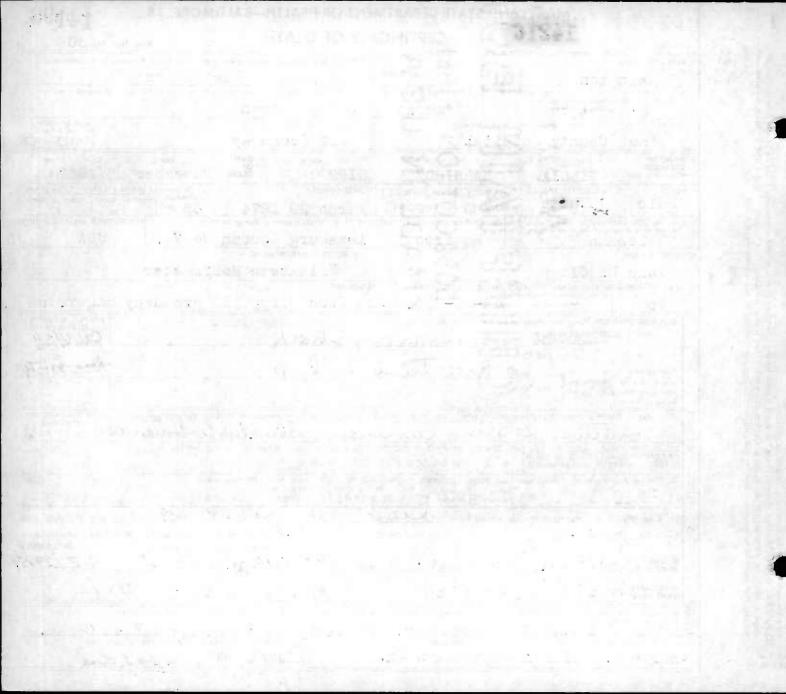
HOSPITAL

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VS A15 (4)

15M 9/5B

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Washington MARYLAND Marvland Vashington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 03 Hagerstown -eeks Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? ash County Hospital 112 Broadway YES NO TK NAME OF First Middle 4. DATE Month Year DECEASED HARRISON CLIPP 28 195919 DEATH December (Type or print) WITLI. I AM 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days White Male WIDOWED | DIVORCED | 85 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Retired USA leesburg Loudon Co Va. Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Hoffmaster John R. Clipp 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Mrs Emma Clipp 112 Broadway Hagerston 4-09-8925 Maryland 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Fell on concrete driveway (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while Daughter's home Hagerstown gat work ot work Washington Mary 1957, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 1.25F _M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) SIGNATURE PHYSICIAN'S NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) Rest Haven Cenetery Haverstown 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR Coffman Hagerstown Md. Andrew K. DATEJAN 4 arthur S. Krans



VS A1S (4) 1SM 9/5B

MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18
14217	CERTIFICATE	OF	DEATH	R

14194 Reg. Dist. No. 302

	shington		MARYLAND	a. STATE	Maryl	and	lived. If instituti b. COUNTY	Wa	shir	gtor	1
RURAL and give ne		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If	outside corpor	ote limits, write R	URAL ond	give ned	arest tow	n)
Hagerstow			l day	03	Hager	stown					
OR INSTITUTION	AL (If not in hospital, g			d. STREET							FARM?
Washingt	on County	Hospi	tal	235	N. CI	everla	nd Ave.			YES [NO 🔯
3. NAME OF DECEASED	Fir		Middle	Le	ost	4. DATE OF	Mor	ith	Da	у	Yeor
(Type or print)	DOMENI	CO		DI BIASE		DEATH	Decemb		31		19 59
S. SEX	6. COLOR OR RACE	7. MARR	IED 🔣 NEVER MARRIED 🗌	B. DATE OF BIR		_	AGE (In years lost birthdoy)	Months			Min.
male	white	WIDOWE	DIVORCED	Decembe	r 26,	1897	62 yrs.	Mollins	Days	Hours	Min.
loa. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTH	LACE (Stote	ar foreign co	untry)	12. CIT	IZEN OF	WHAT	OUNTRY
Retired Tav			wn business	Va	sta,	Italy			U.S	.A.	
3. FATHER'S NAME				14. MOTHER	S MAIDEN	NAME					
Fil	lipo DiBia	se			Gi	ovian S	Sallera				
S. WAS DECEASED EVER			SOCIAL SECURITY NO.	INFORMANT		G-7	Add	ress	-	TUY	- 100
(Yes, no, or unknown)	If yes, give war or dates of s	2]	17-32-5409 N	irs. Ange	lina	DeBias	e Hager	stown	. Mo		
18. CAUSE OF DEA	TH [Enter only one co	use per lir	ne far (a), (b), and (c).]				0			RVAL BE	TWEEN
	H WAS CAUSED BY:	A	at con	nan	1	elu			ONS	ET AND	DEATH
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	FP SIGNIFICANT CON	DITIONS C	CONFIBUTING TO DEATH BE	IT NOT BELATED T	O THE TERM	INIAI DISEASE	CONDITION GIV	/ENI INI PAI	T 1611	o WAS	AUTOPSY
OF TAX II. OIII	EK SIGINITICANT CON	DITION S	CONTRIBUTION TO DEATH BY	JI INOI KEENIED I	O THE TERM	III AAC DISEASE	CONDITION OF	LEIA IIA I AI	1 (0)	PERFC	RMED?
20a. ACCIDENT WA	S LINDERLYING []	20h DESC	CRIBE HOW INJURY OCCUR	PED (Enter noture	of injury in	Port Lar Part	II of item 18.)			153	1402
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	LOD. DES	THE THOU INSORT OCCUR	LD. (LINE) HOIOTE	or injury in	10171011011					
	Month, Day, Ye			LACE OF INJURY	(Hame, farr	m, 20f. (City	or town)	(County)		(State
Hour a.m.	19	While at warl	INUI While	actory, street, atti	ce bidg., eit						
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dive dil 20	10.01	1	, and mai dea	n occurred d	1241111		reet, city ar tawn,		e date	DA	re signer
ACTUAL SIGNATURE	0,26	a	efter	_M.D						1/	1/6
PHYSICIAN'S NAME (Type)			0								
220. BURIAL, CREMATION	V 22h DATE THERE	F	22c. NAME OF CEMETERY	OR CREMATORY		224 LOCAT	ION (City, town,	or country		154	to)
REMOVAL (Specify)	1 1 1	1						or county)	36	(Sto	
Burial 23. EUNERAL DIRECTOR'S	1/4/1960		Rose Hill Ce	metery	104 000		rstown	STRAR'S SI	A. House, St.	ISLIN	nd
Suter-Rouz	er Funeral	Home	ADDKESS			D BY REGIST	KAK Z4b. KEGI	31 KAK 3 31	UNATU	KC	
R. Frankling	lienzen		Hagerstown.	Md.	DATE	200	-				

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VS A15 (4) 15M 10/57

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	MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	1
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CEKTIFICATE OF DEATH

14195 Reg. Dist. No.

	1. PLACE OF DEATH g. COUNTY			2. USUAL RESIDENCE		I. If institution: Residence	te before admission)
	Wash	nington	MARYLAND	o. STATE Mary	land	b. COUNTY Was	hington
	b. CITY OR TOWN (If outside RURAL and give nearest to		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL and g	ive nearest town)
1	Rural Hand	cock Md.	80 Yrs	X Rural	Hancock	Marvland	
	d. NAME OF HOSPITAL (IF m	ot in hospital, give street	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
1		Home					YES NO
	3. NAME OF DECEASED	First	Middle	Last	4. DATE	Manth	Day Year
	(Type or print)	Annie		Dorrier	OF DEATH	Dec.	26 19 59
	5. SEX 6. CO	LOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AC	E (In years IF UNDER	YEAR IF UNDER 24 HRS.
	F.	W WIDOW	ED DIVORCED	Aug. 25.18	377 8	2 yrs. Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give during most of working life,	kind of wark done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (S	tote or foreign country	12. CITI	ZEN OF WHAT COUNTRY?
	Housewife	even in remedy	Housewife	Fulton	County P	enna.	U.S.A.
1	13. FATHER'S NAME			14. MOTHER'S MAIDE			
	John Hot	fmad		Son	hia Hebn	er	
1	15. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	
	No		None H	enry W Dor	rier Rur	al 1 Hanc	odk Md.
	18. CAUSE OF DEATH [Er	ter only one couse per l	ne (or)) (b), and (c).]	10	1:4	*	INTERVAL BETWEEN
	PART I. DEATH WAS	CAUSED BY:	Chron	c Thuse	aracle	61	ONSET AND DEATH
	4.42X	DUE TO	1	. 11	4		1
	Conditions, if ony, whi	ich) (b)	Wiler	is Delle	s oses		6 WKs
	gove rise to immedia couse (a), stating the und		all	nil.	/ ^		
2	lying couse lost.	(c)	Ch.	Mohre	tes		
	PART II. OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE CON	IDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
	CAT						PERFORMED? YES NO NO
	PART II. OTHER SIGN 200. ACCIDENT WAS UNDER OR CONTRIBUTING □ CAL (IF EITHER, NOTIFY MEDICAL	RLYING 206. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Port I or Port II of	item 18.]	
		L EXAMINER)					
	20c. TIME OF INJURY Mon Hour o. m. p. m.			LACE OF INJURY (Hame, actory, street, office bldg.,	form, 20f. (City or ta	wn) (C	ounty) (State)
	Hour o.m.	19 While	TAOL WILLE	ociory, sweet, office blog.,	eic.)	,	
1	21. I certify that I a	ttended the deceas	ed from nov	12/ 1954 10	001020	0 19 (4that 1 1	ast saw the deceased
	alive on 1000	25 183	1	h occurred at	4 M from the		ne date stated above.
	A.	2011.1		7-7-	APORESS (Street, o	city or town, state)	DATE SIGNED
	ACTUAL SIGNATURE	wish at	jev –	_ M.D.	Hance	0-41C , 11	rd 15/27/
			A CENTIZ	× 1 h	X July V		58
	PHYSICIAN'S NAME (Type)	LMSH	APPER	MI.D.	MAN	COCK	Ma o
		DATE THEREOF	22c. NAME OF CEMETERY	OR CRANATORY	22d. LOCATION	(City, tawn, or county)	(Stote)
	(BOA) 1.86.1(A)	2.29.59	St. Paul Lu	thern		ncock Was	himgton Md.
	23. FUNERAL DIRECTOR'S SIGN	ATURE	ADDRESS		EC'D BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE-
	Houard Fr	Steene	Hancoele	brus DATE	DEC 3 1 '59	Custon S.	Kines
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HOSPITAL C. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. Fier death. Page 4	by the hospital or attending physician. CEOS: After this certificate has been sined by the attending physician and completely filled in B. The funeral director.	ge 3 shauld be delached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	e registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VIII O	may be ref	TO FUNERAL	page 3 sho
1	SM	A15	(4) '55

		1421	8	CERTI	FICA	AIE OF	DEAII	ī.		Re	eg. Dist.		TITO
1. PLACE o. CO	OF DEATH	shington		MARY	LAND	2. USUAL RES	Penr		lived, If in b. COL		Residence Fran		/
b. CIT	Y OR TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (IF	outside corpoi	rote limits, w	rite RURA	L ond give	e nearest to	own)
-	lagerst	own	- 1	5 yrs.		M	ercer	sburg	, Pa.		75	- X -	3
d. NA OR	INSTITUTION	L (If not in hospitol, g	Home			d. STREET		Semir	nary S	st.		10	RESIDENCE N A FARM? NO
3. NAME DECEA (Type	OF SED or print)	Fir AN	NA	Middle		ECKE	RT	4. DATE OF DEATH	De	Month	20,1	Doy 959	Yeor 19
S. SEX	Tem.	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIE		B. DATE OF BIR		9	9. AGE (In) lost birtho		UNDER 11		NDER 24 HRS.
10a. USU. durin	HOUSEV	N (Give kind of work on the life even if relired)	done 10b.	Own home	R INDU			ar fareign co				JSA	AT COUNTRY?
13. FATHE	R'S NAME		1		7.	14. MOTHER	S MAIDEN	NAME					
	Henry	Carstens				Lou	isa E	Barnir	ng				
1S. WAS {Yes. no. or	unknown) (II	IN U. S. ARMED FOR I yes, give war or dotes of si	CES? 16.	social security NO.		rs. Ed	win H	loffma	an, Me	Address	sbur	g,Pa	3.
Con gov cour lyin	20.0 nditions, if on re rise to im se (o), stoting the g couse lost.	mediate ()	eni sce	ri W	y Sear	1 was	rasy				10 1	m. +
CERTIFICATION SOC. CITE EL	ACCIDENT WAS	ER SIGNIFICANT CON		CRIBE HOW INJURY OF							IN PART 1	(o) 19. W/PEF	REORMED
-	THER, NOTIFY A	MeDICAL EXAMINER) Month, Day, Yea	While	NJURY OCCURRED Not while	20e. PL/ foc	ACE OF INJURY	(Hame, form	n, 20f. (City	or town)		(Cou	inty)	(Stote)
aliv	e an 20 1	at I attended the	deceas _, 195	7	death	accurred at	7:31 NP			es and	an the		ne deceased ated abave DATE SIGNED
PHYS	ICIAN'S	FLusb	V/			Ha	aex	ston	m 1	14/			
	AL CREMATION	1.2/23/5	f 9	Fairvi			1		CON (City, 10			(5	State)
23. FUNE	DIRECTOR'S	SIGNATURE MUNGE	h	brees l	ing	Par		D BY REGIST			AR'S SIGN		

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VS A15 (4) 15M 9/5B

CLEAR SPRING, MD.

IOHN F. CLARK

240. REC'D BY REGISTRAR DATE DEC 7

246. REGISTRAR'S BIG TATURE

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stote)

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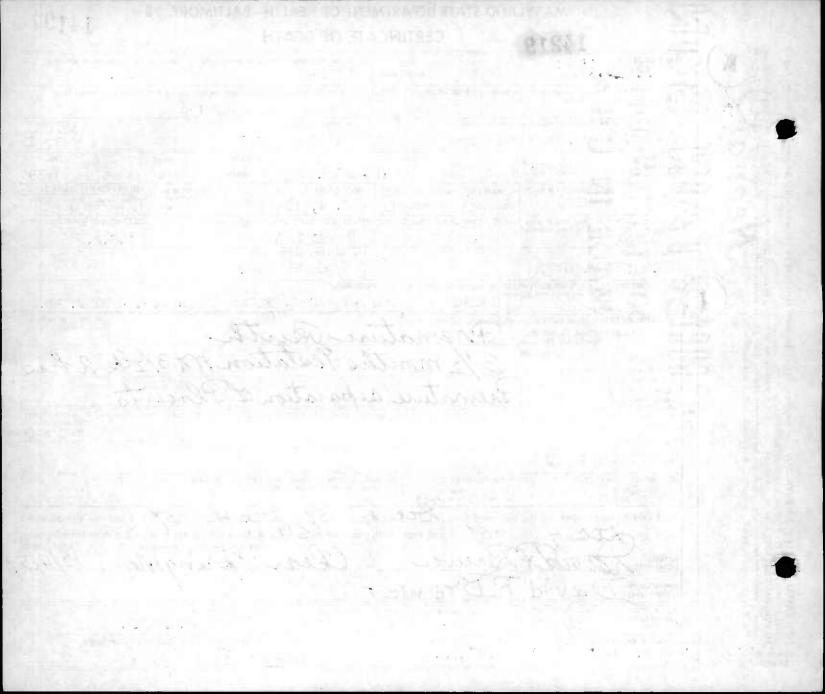
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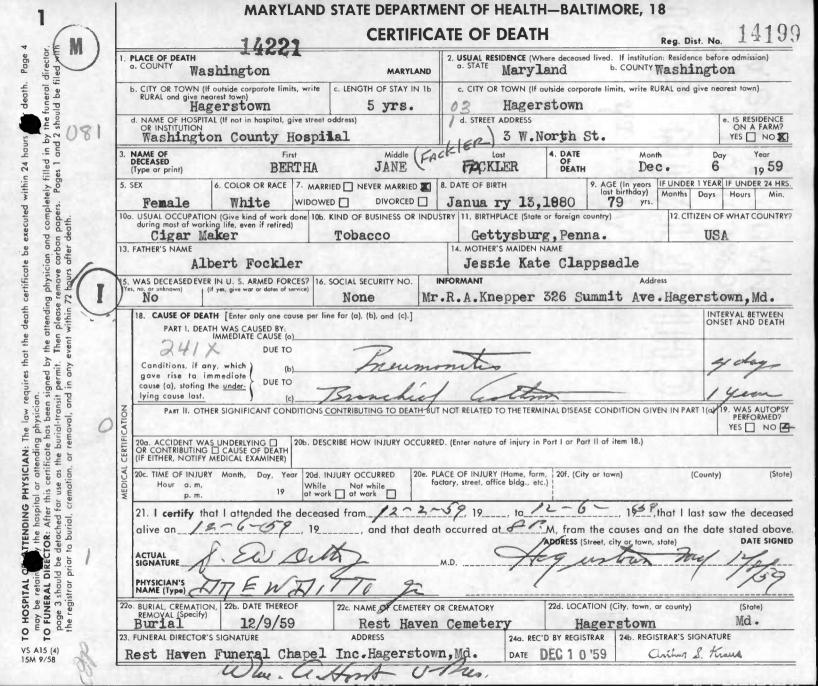
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH 14222

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	-		hington Fautside carporate limi	s write	c. LENGTH OF STAY	INI 1h				olumbia	1001		
		RURAL and give ne	earest town)	a, wille						rate limits, write R	UKAL ond gr	ve nearest	fownj
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090		OR INSTITUTION											RESIDENCE IN A FARM?
0 70		Garlo	ck Nursing	Home			38	Brya	ant St	reet		YE	S NO D
	3.	NAME OF DECEASED	Fir	it	Middle		Las	1	4. DATE	Mon	th	Day	Yeor
		(Type or print)	John		Grayson		Galt	t	OF DEATH	Decemi	per	1.	1959
	5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	ED 🗆	8. DATE OF BIRTI	Н		9. AGE (In years		YEAR IF L	INDER 24 HRS.
		Male	White	WIDOW	ED DIVORCE		March 9	, 187		lost birthday) 85 yrs.	Months [Days Ho	urs Min.
	100	during most of work	ON (Give kind of work of ing life, even if retired)	lane 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPL	ACE (State	or foreign co	iuntry)	12. CITIZ	ZEN OF W	HAT COUNTRY?
		Naval Sec			J.S. Govett		Mar	ryland			II.	S.A.	
	13.	FATHER'S NAME	J				14. MOTHER'S				0.	0 . 22 .	
,		John Ga	1 ±.				Cot	hanin	ne Pla				
1	12		R IN U. S. ARMED FOR	FS2 114	SOCIAL SECURITY NO	17 10	NFORMANT	mer.TI	ie ria	Addr			
'(I	(Ye	no, or unknown)	If yes, give war or dates of se										
11 "	1	no			none		s. Josep	on H.	Eyler	, Thurmon	nt, Ma	rylan	.d
				se per li	ne for (o), (b), and (c).]						INTERVA	L BETWEEN
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)									ONSE!	NO DEATH
		422.1	DUE TO				1			,		-	
		Conditions, if or	ny, which)		Carol	1	Marca	1~	1			(5	Cus
		gove rise to in	nmediate (7	00000	N	Sur			1	
		lying couse lost.	me Under-			0	2					2 4	حما
	z) (c)		CONTRIBUTING TO DE	ATH BUT	NOT BELATED TO	THE TERM	NIAL DICEACE	CONDITION CIV	FA 1 15 1 0 4 0 7	100	AS AUTORSY
0	CATION	7887 111 0111	ER SIGNIFICANT CON	211101433	CONTRIBUTINO TO DE	4111 801	NOI KELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAKI	PE	REPORMED?
	P.											YES	NOD
	CERTI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING U CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURREC). (Enter nature a	f injury in f	Part I ar Part	Il of item 18.)			
	\ V	20c. TIME OF INJURY	Manth, Day, Yea	r 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY II	Home, form	. 20f. (City	or town)	ICo	ounty)	(Stote)
	MEDI	Haur a.m.	19	While	Not while	fac	tory, street, affice	bldg., etc.)		,00	,,	(0.0.0)
	>	p. m.			k of work		(16	2	4.4				
		21. I certify th	at I attended the	deceas	ed from 10		1937	, to/	2 -/-	- 5 Fig	_,that I la	ast saw 1	he deceased
		alive an	-30-39	_, 19	, and that	death	accurred at	9:30	M, fran	the causes a	nd an the	e date s	tated abave.
			1	0	mt.		/			sity or town,		~ **	DATE SIGNED
		ACTUAL SIGNATURE	1. 7/2	Sk	(6)	RS.	40	14		toris he	ul	14	
			~					1	- Justin		-7		120
1		PHYSICIAN'S NAME (Type	MENd	7/	Tota							//	9/
	220	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEM	TERY OF	CREWA DOOM		22d. LOCAT	ION (City, town, o	r county)		Stote)
		Burial	12/3/59		Piney Cr			rian	Тат	nevtown.	Marwl		
0	23.	FUNERAL DIRECTOR'S		- /	ADDRESS	V 0.43	20003 00		BY REGIST		TRAR'S SIGN		
M		merion	In Cotice		20 A			DATEDE	C 3 '5		Chus S. 7	4	
4.1	<u></u>	C.O.Fuss/	& Son	Tar	eytown, Md	•		PAILEDE	U 0 0	o Con	come d. 1	Manua	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14223 CERTIFIC

CERTIFICATE OF DEATH

Reg. Dist. No.

-	11.54				N. C.	g. Dist. 140	J.
1	PLACE OF DEATH a. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Who a. STATE MARYI		d. If institution: Rob. COUNTY WA	esidence bef SHIN(are admission) GTON
	b. CITY OR TOWN (If autside carporate limits, write RURA goodgiven seres) own	c. LENGTH OF STAY IN 16 50 YRS.	c. CITY OR TOWN (IF of HAGERS		limits, write RURAL	and give n	earest tawn)
	d. NAME OF HOSPITAL (If nat in haspital, give street 39 NATION DOLPH AVE.	address)	d. street address / 39 RANDOI	PH AVE	1.		e. IS RESIDENCE ON A FARM? YES NO 2
3	NAME OF DECEASED (Type or print) ABNER VICT	OR MILLER	GEARHART	4. DATE OF DEATH	Month DECEMBE	_	27 19 59
	MALE WHITE WIDOW	ED DIVORCED	8. DATE OF BIRTH 9/30/1887	lo	72 yrs. Mai	nths Days	R IF UNDER 24 HRS Haurs Min.
A Partie	0a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) RETIRED ASST. POSTMAS		MARYLA	ND	y) 1	2. CITIZEN C	A .
1	MARTIN J. GEARHART		14. MOTHER'S MAIDEN N KATHERIN		YT		
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, 150 unknown) (If yes, give wor or dates of service)	NONE	MRS. LEDA H	I. GEAR		AGER	STOWN MD.
	153,8 DUE TO 1 Canditians, if any, which gave rise to immediate	ne for (a), (b), and (c).] tastatic Car arge bowel)	c inomatosis	(prim	ary in	IX O	TERVAL BETWEEN USET AND DEATH USET YES.
1401240	Cause (a), stating the under (c) PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	ndition Given in	N PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NOW
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I ar Part II a	f item 18.)		
14.010.11	20c. TIME OF INJURY Manth, Day, Year 20d. I Haur a. m. While p. m. 19	Nat while fac	ACE OF INJURY (Hame, farm, stary, street, affice bldg., etc.	20f. (City ar to	own)	(Caunty	r) (State)
	21. I certify that I attended the decease alive an Dec 27, 19		occurred at 7:15	A, fram the	causes and a	n the dat	te stated above DATE SIGNEE
	PHYSICIAN'S R.A.Bell	, M.D.	Hagerst	own, M	aryland	•	
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 12/30/59	22c. NAME OF CEMETERY O			(City, tawn, ar co	unty)	(State)
2	3. FUNERAL DIRECTOR'S SIGNATURE	LACIS PURE		BY REGISTRAR	24b. REGISTRAI		

TO HOSPITAL CTATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours. It dearn, rage may be retained by the hospital ar attending physician.

TO FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/58 M

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

14202

1. PLACE OF DEATH a. COUNTY Was	nington .	MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryla:		ed lived. If institution b. COUNTY	Reg. Di	ice befor	re admissi	
	outside carporate limits,	write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or		orate limits, write R)
Hagersto	*	D.O.A.	03 Hage	rstow	n				- A
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington County Hospital.			/2/ A7				ON A	ESIDENCE A FARM?	
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle HAROLD	GERK INS	4. DATE OF DEATH	Mon Decembe		19	,	rear 19 59
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER	-	IF UNDE	R 24 HRS
Male	White w	IDOWED DIVORCED	March 9, 1902		last birthday) 57 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATIO	N (Give kind of work don	ie 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State of	or fareign o	country)	12. CIT	ZEN OF	WHATC	OUNTRY
Electric	ing life, even if retired)	Self Employed	Lonaconin	g, Ma	ryland		U.S	.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME					

110	214 0) 0104 111104 1111011111111111111111	.,
1B. CAUSE OF DEATH [Enter only one caus PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Coronery throm hoses	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate	Arterio selentre heure dun	8 w 16,
cause (a), stating the under. DUE TO lying cause last.	TIONS CONTRIBUTION TO DELIVER BUT NOT DELIVED TO THE TRUBBLE DISTRICT CONTRIBUTION OF THE	ANT THE THIRD THAT ALL TO DOWN

INFORMANT

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

> Not while at work

16. SOCIAL SECURITY NO

CERTIFICATIO (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED

20e. PLACE OF INJURY (Hame, farm, 20f. (City ar town) foctory, street, office bldg., etc.)

Mrs. Eileen Einbinder

(State) (County)

PERFORMED?

1955, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at RYMM, from the causes and an the date stated above.

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

Address

Arlington, Va.

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

22a. BURIAL, CREMATION, REMOVAL (Specify)

Haur a. m

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

22c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

Maryland Hagerstown

(State)

ADDRESS Hagerstown, Md. 24g, REC'D BY REGISTRAR

arthur S. Kraus

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO FUNERAL DIRECTOR: After this certificate has been signed by in any ond page 3 should be detached for use os the burial-transit the haspital or attending physician the registrar prior to burial,

VS A15 (4) 15M 9/5B

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CERTIFICATE OF DEATH

11,995

Andrew K Coffman, Hagerstown,

303

14203

arthur & Klesus

'60

DATE JAN 4

			13660							Keg. D	ist. No	. 000	
	1. P	LACE OF DEATH			MARYLAND	a. STATE		ere decease	d lived. If instituti			re admis	sian)
ı	<u> </u>	Washing	of ton (If autside carporate limi	ite write	c. LENGTH OF STAY IN 16	Maryla		4.14		ing			-1
١		RURAL and give	nearest tawn)	is, write	C. LENGIH OF SIAT IN 18	c. CITT OR IC	WN (If o	utside carpo	orate limits, write R	UKAL and	give ned	arest taw	n)
	_	Hagers	TOWN PITAL (If not in hospital, g		I D. O. A	d. STREET AD	sto	wn				IC DEC	IDENICE
	d	OR INSTITUTION	rton Count		spital			ick E	Road				FARM?
	3. N	AME OF	Fir	*	Middle	Last		4. DATE	Man	th	Do	ıv	Year
ı		Ype ar print)	NAOMT		ELEANOR	GLADHI	T.T.	OF DEATH			_	,	1959
	S. SI	X	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. DATE OF BIRTH	- 14 14		9. AGE (In years		-		ER 24 HRS.
ı	H	emale	White	WIDOWE		Mar 7	1.89	7	last birthdoy) 62 yrs.	Manths	Days	Haurs	Min.
ı		USUAL OCCUPAT	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLA		or foreign c	00	12. CI	TIZEN OI	F WHAT C	OUNTRY?
		during most of wo	orking life, even if retired)	wn Hone	Baltin					. S. I		
ı		USEWITE ATHER'S NAME	3		WII HOME	14. MOTHER'S M			y a such	10	• D • Z	71	
ı			~ ~ ~										
1		nornto	VER IN U. S. ARMED FOR	T CECCO IV	SOCIAL SECURITY NO. I	Bertha	1 R1	adle	Add				
ı	(Yes,	no, or unknown)	(If yes, give war or dates of s	ervice)			Cl n	- 22 1 -					D .
1		NO		- 1	W PR V	arvey W.			11, 813	Fre	der:	ick,	Rd
ı			EATH [Enter only ane ca	use per tr	far (a), (b), and (c).]	lagerstov	m,	Mary.	Land		INTI ON:	ERVAL 8E	TWEEN
1		PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (or) (crettal	Au	up -	000	-9			(-1	100
1		33/x	DUE TO		17.4		12.	10	() .				
		Conditions, if	any, which) (b	1	Mulin	00	Re	M	The state of the s				
		gave rise ta	immediate (-									
		lying cause las)									
	CATION	PART II. O			CONTRIBUTING TO DEATH BU	T NOT RELATED TO T	HE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS PERFO YES	RMED?
		200. ACCIDENT V	VAS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of	injury in F	art I or Por	t II af item 18.)	_		,,,,	
ı	Ö	OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)										
	MEDICAL	20c. TIME OF INJU Haur a. m p. m	. 10	ar 20d. IN While at wark	Nat while	LACE OF INJURY (Ho actory, street, affice b			ar town)		(Caunty)		(State)
1		21. I certify	that I attended the	deceos	ed from Acces	5 (, 19. 9	to	RIVE	PC, 19.	that I I	ast sov	v the d	leceosed
4		alive on	110 51	. 19 ~	S, and that deat	h occurred of	1 1	M. from	the couses on	d on th	e dote	stoted	dobove
			100) "	000				treet, city ar tawn,		1		E SIGNED
		ACTUAL	14/10	7	action	M.D.	1	1-60	4 Lests	1-	/)en	2/
1		SIG. VATORE C		11	, ,	.m.b.				1.7			
		PHYSICIAN'S NAME (Type)) 4 6	07	each!	esp		()		150			
	22a.	BURIAL, CREMAT)F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, tawn,	ar caunty)		(Stat	re)
	E	REMOVAL (Specif	" 1/3/60		Rose Hill	Cemeter	7	Hage:	rstown	Marv	lan	d	
	23. F	UNERAL DIRECTO	R'S SIGNATURE		ADDRESS			8Y REGIS		STRAR'S S	IGNATU	RE	14/

executed within 24 hours

TTENDING PHYSICIAN: The law requires that the death certificate be the hospital or attending physician.

TO HOSPITAL O VS A15 (4) 1SM 9/S8

MANA SO STADENTIAL CONTRACTOR · · TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

TO HOSPITAL O

VS A15 (4) 15M 9/5B

CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE Maryland	b. COUNTY	ence before admissi	diam'r.
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	NGTH OF STAY IN 16	c. CITY OR TOWN (If autside carpo	orate limits, write RURAL and	give nearest town	
	Hagerstown		Baltimore	34	01-4	
1	 NAME OF HOSPITAL (If nat in haspital, give street address OR INSTITUTION)	d. STREET ADDRESS		e. IS RESI ON A	FARM?
1	Western Maryland Chronic F	Hospital	3704 Yosemite	Ave.	YES 🗌	NOX
	3. NAME OF DECEASED (Type or print) Mary First ELT.	zabeth 6	INIAZ DOWSKI DEATH	Manth 12		ear 9.59
		NEVER MARRIED B	DATE OF BIRTH		R 1 YEAR IF UNDER	
	Female White WIDOWED	DIVORCED S	ept. 21, 1899	last birthday) Manths	Days Hours	Min.
	10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND C during mast af warking life, even if retired)	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign o	auntry) 12.CI	TIZEN OF WHAT CO	DUNTRY?
	At home		Laurel, Delay	ware	USA	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	Unknown		Unknown			
	13 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (If yes, give wor or dates of service)	SECURITY NO. IN	FORMANT	Address		
L	No No	ne Le	W. Gniazdowski	-3704 Yosen	nite Ave.	
	1B. CAUSE OF DEATH [Enter only one cause per line for (PART I. DEATH WAS CAUSED BY:	a), (b), and (c).]			INTERVAL BET	DEATH
	IMMEDIATE CAUSE (a)	romia			2 W	eeks
	Canditians, if any, which gave rise to immediate cause (a), stating the under.	tensiue Ca	rdio vascular	renal disea	se 4 y	ears
	lying cause last. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PA	RT 1(a) 19. WAS A	UTOPSY
	V .				YES 🗌	NO D
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IOW INJURY OCCURRED	(Enter nature of injury in Part I ar Par	t II of item 1B.)		
	ZOc. TIME OF INJURY Manth, Day, Year 20d. INJURY Of the North Park of work of work of the North Park o	OCCURRED 20e. PLA fact t wark	CE OF INJURY (Hame, farm, 20f. (City ary, street, affice bldg., etc.)	y ar tawn)	(Caunty)	(State)
	21. I certify that I attended the deceased fro	m NAV 9	0, 1959 to Dec	5 1959 hat 11	last saw the de	coased
	A .	/ - 1	accurred at 4:05 M, fram	V)		
	7	- O	ADDRESS (S	street, city or town, state)	DATE	SIGNED
	SIGNATURE HALLING &	of	alton Pennal	27 1 1 1 1 1	Nes	5, 195
		nun"	o. F. J. C. C. A. A. SHELL	carry the	tagers lo	un M
	PHYSICIAN'S NAME (Type)				0	1
	00	NAME OF CEMETERY OR	CREMATORY 22d. LOCA	TION (City, tawn, ar caunty)) (State)
	Burial 12/8/1959 V	Voodlawn Co			aryland	
	allowarth Ormaco	perty Height	240. REC'D BY REGIS		S. Krome	
	200		The state of the s			

. IV. Clarge V to V. Latingol sine of brigging under the The Charles of the Ch 00 PRS1 (15 .zco) | 100 STRUCTURE OF THE STRUCT mwocolai7 Mona Las W. Chinadepal-1701 Tozanits aver Harris The was the of the county of the same of the sa the state of the s the fitting of the same of the firm of the fitting of the same hericani limitocoli i reciniti resiliculi (20112)

CERTIFICATE OF DEATH

14205

1							Dist. No.	
	1. PLACE OF DEA o. COUNTY	Washington	n mar	2. USUAL RESIDENCE O. STATE	(Where deceased lived		idence before odmi	
		WN (If outside corporate limits,	write c. LENGTH OF STAY	'IN 1b c. CITY OR TOW	N (If outside corporate li	mits, write RURAL o	and give nearest tov	vn)
	rural	give negrest town) Hagerstown	n 8 month	s Shena	ndoah Jun	ction	85x-3	
	OR INSTITU			d. STREET ADDR	ESS		ON	SIDENC A FARM
	Gate 3. NAME OF	way Nursing	Middle	Last	4. DATE	41 4		
	(Type or print)	Annie	E.	Griffith	OF DEATH	Dec.	1.	19 5 9
	female	2.44	MARRIED NEVER MARRI		los	GE (In years IF UN to birthdoy) Mont	hs Doys Hours	7
	during most o	JPATION (Give kind of work don of working life, even if retired)	10b. KIND OF 8USINESS ((Stote or foreign country		CITIZEN OF WHAT	COUNTR
1	13. FATHER'S NAM		Whittington	14. MOTHER'S MAI		rta Whit	tington	
	13 WAS DECEASE (Yes, no, or unknown)	ED EVER IN U. S. ARMED FORCE:		Mrs. Luthe	r Griffit	Address h, Shene	andoah J	.,
		, if ony, which) (b)			0			
		to immediate oring the under-						
0	couse (o), st lying couse	oting the under-	IONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE	TERMINAL DISEASE COM	NDITION GIVEN IN	PERF	ORMED?
0	Couse (o), st lying couse	lost. DUE TO Column Column		ATH BUT NOT RELATED TO THE			PERF	AUTOP ORMED?
0	COUSE (0), St lying couse VOLTED 20a. ACCIDEN OR CONTRIBUTED (IF EITHER, N. 20c. TIME OF Hour	OTHER SIGNIFICANT CONDITIONS CAUSE OF DEATH OF THE PROPERTY OF			ury in Port I or Port II of	item 18.)	PERF	ORMED:
0	Couse (o), st lying couse PART I 20a. ACCIDEN OR CONTRIBI (IF EITHER, N) 20c. TIME OF Hour	Offing the under-lost. I. OTHER SIGNIFICANT CONDIT OTHER SIGNIFICANT CONDITION (c)	b. DESCRIBE HOW INJURY C 20d. INJURY OCCURRED While Not while of work of work eceased fram.	OCCURRED. (Enter noture of inju	e, form, 20f. (City or to	wn) , 1927, that causes and an	(County) I last saw the the date state	(Steel
0	ZOUSE (0), ST ITYING COUSE (N), ST ITYING COUSE (N)	DE TO Column Column Column	20d. INJURY OCCURRED While Not while of work of work are eccessed fram. 1957., and that	20e. PLACE OF INJURY (Home foctory, street, office blds death accurred at the M.D. Dear	e, form, 20f. (City or to g., etc.) M. M. from the ADDRESS (Street, when the arspring,	wn) , 1927, that causes and an	(County) I last saw the the date state	(Sto

TO HOSPITAL OF moy be retain TO FUNERAL DIRECT VS A15 (4) 15M 9/58

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	April 19, 1886 73	X ()	edláv	
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ta Whittington	Media	nodymidal	in .T Mqesol	
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	ALDEL YE SHE	4.4		
	Edward Lieber			
	on Francisco			

Rea. Dist. No.

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	the funeral directar, shauld be filed with	4	

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physician remave

attending

requires that the death certificate be executed within 24 hours

1. PLACE OF DEATH D. COUNTY	ashington	MARYLAND	2. USUAL RESIDENCE (W			sh.
RURAL ond give	(If outside corporate limits, nearest tawn) rstown	write c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF	outside carparate limi	ts, write RURAL and	give nearest town)
OR INSTITUTION	TTAL (If not in hospital, give		d. STREET ADDRESS	Locust St	•	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Elizabe	th Geary	Grove	4. DATE OF DEATH	Dec.	22, Year 59
5. SEX female	and do a	MARRIED NEVER MARRIED DIVORCED DIVORCED	July 8, 18	80 9. AGE	(In years IF UNDE methods) yrs.	R 1 YEAR IF UNDER 24 HR Days Hours Min.
during most af wa	ION (Give kind of work don trking life, even if retired) SEWITE	10b. KIND OF BUSINESS OR INI		e or foreign country)		TIZEN OF WHAT COUNTRY
13. FATHER'S NAME	Mahlon Knad	ller	14. MOTHER'S MAIDEN		a Carr	
15. WAS DECEASED EV (Yes, no. or unknown)	(ER IN U. S. ARMED FORCE: (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO. 217-32-5196	Homer C. G:	rove, Hag	Address	, Md.
	EATH [Enter only one cause ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	mesenteric T	nrombosis			INTERVAL BETWEEN ONSET AND DEATH 24 hours
Conditions, if gove rise to		Generalized A	Arterios c ler	osis		Years.
gove rise to						

Diabetes Mellitus Years. lying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

YES NO

(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY

20d. INJURY OCCURRED Not while at wark at work

20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) foctory, street, office bldg., etc.)

(State)

1959that I last saw the deceased Dec. 21. I certify that I attended the deceased from and that death accurred $\frac{1.45}{45}$ A, from the causes and an the date stated above. alive an ADDRESS (Street, city or tawn, state)

ACTUAL SIGNATURE

119 North Potomac St.

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION,

R. A. Bell, M.D.

22b. DATE THEREOF

Hagerstown, Maryland. 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

Keedysville, Md.

(Stote)

12-24-59 23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnich & Son, Hagerstown, Md.

Haur a. m

Fairview Cemetery

24a. REC'D BY REGISTRAR DEC 28 '59 24b. REGISTRAR'S SIGNATURE Orthun S. Kraus

After this certificate has been signed page 3 should be detached far use as the burial-transit may be retained the TO FUNERAL DIRECTOR: the registrar 15M 9/5B

VS A15 (4)

HAPTETOWN Hawararawall arrent Om .32 Janes D. . 1 .80 Istigson County Hospital THE REPLETED OF THE REAL PROPERTY. Trans diodayila female white bash .8 wint . He delicated the inaltweeten. Edshie Geer Meligon Franker 217-32-5196 Ecner C. Greve, Rameratown, Md. Single of Egypth Colors (av. fels length

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Dec. 22, ...59

burred 11-24-59 Fairvier Constary Reedynville, Ma. Secret, Marian & Statement, M. Processor, M.

Scott F. Minnich & Son, Smithsburg, Md. DATE DEC 28'59

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VS A15 (4)

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Mestern Meryland State Hospital

Jan. 24, 1900 60

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213-10-0988 Ghardes W. Guessiere, Leitersense, Ma.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

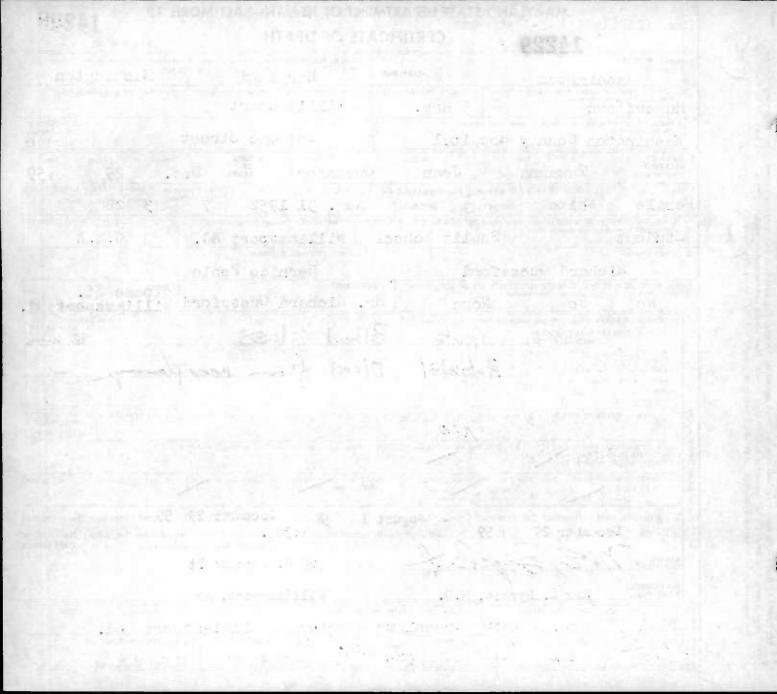
Item 18 Film 14229

CERTIFICATE OF DEATH

14208 Rea. Dist. No.

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	LACE OF DEATH COUNTY	hington		MAR	YLAND	O. STATE	ence (Wharyl	-	d lived. If institution b. COUNTY			
		f outside corporate limi	its, write	3 hrs.	Y IN 1b			utside corpo port	rote limits, write R	URAL and give n	earest tow	n)
	OR INSTITUTION	on County				d. STREET AT		ac St	treet		ON	SIDENCE A FARM? NO
1	NAME OF DECEASED Type or print)	Tawanna		Jean		Guessfo		4. DATE OF DEATH	Dec.	29	ay	Yeor 19 59
5. S	emale	6. COLOR OR RACE White	7. MARRI WIDOWEI			8. DATE OF BIRTH Aug. 3	1 19	52	9. AGE (In years last birthday) yrs.	Months 28ys	R IF UND Hours	7
C A	puring most of work	DN (Give kind of work king life, even if retired	1	CIND OF BUSINESS C		Will	iams	port		U.S		COUNTRY?
13. (FATHER'S NAME	chard Gue	essfo	rđ		14. MOTHER'S		ce Po	nole			
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S			nformant r. Rich			PAdd	tomac S	t.	t Ma.
	5/0, / Conditions, if or gove rise to it couse (o), stoting lying couse lost.	mmediote (T a	Houte Houte Livial & A opera	T tion	Bleed (Fren	6 8	rass pla	way	30	hus
CERTIFICATION	PART II. OTH	ier significant con	DITIONS C	NO DE	EATH BUT	NOT RELATED TO	THETERMI	NAL DISEAS	E CONDITION GIV	'EN IN PART 1(o)	PERF	AUTOPSY ORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERWING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter noture of	injury in I	Port I or Por	t 11 of item 1B.)			
MEDICAL	20c. TIME OF INJUR Hour o.m. p.m.	Y Month, Doy, Yes	While	Not while of work	20e. PL fo	ACE OF INJURY (F ctory, street, office	lome, form bldg., etc.	, 20f. (City	or hourn)	(County	')	(Stote)
	21. I certify the olive on De ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the cember 29	1959 Pege	full ond the	gust t deoth	M.D. 2	1:30A 8 W.	M, from	the couses on treet, city or town,	d on the do	e stote	deceosed d obove TE SIGNED
220. Bi	BURIAL, CREMATIO REMOVAL (Specify)	600	1960	22c. NAME OF CEN				22d. LOCAT	ION (City, town, o		(Sto	ite)
23. 1	FUNDRAL DIRECTOR		Wi	ADDRESS	et,			BY REGIST	RAR 24b. REGI	STRAR'S SIGNAT		

VS A15 (4) 15M 9/58



ofter death: Page 4

may be retain by the hospital or attending physician.

TO FUNERAL DIAL TOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR VS A15 (4) 15M 9/55

L	14230	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
1.	PLACE OF DEATH Washington	MARYLAND	II A STATE	ere deceosed lived. If institution ryland b. COUNTY	n: Residence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HASOPSTOWN	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporote limits, write RU	RAL ond give nearest town) lasville
	d. NAME OF HOSPITAL (If not in hospital, give street of OR, INSTITUTION HOMO	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO.
3.	NAME OF First DECEASED (Type or print) Frank A	Middle Harbaugh	Last	4. DATE Month OF DEATH DOC.	
5.	male 6. COLOR OR RACE 7. MARR White Widows		B. DATE OF BIRTH July 6, 18	- last hirthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	Laborer	Maryla Maryla		12. CITIZEN OF WHAT COUNTRY U.S.A.
13	Simon W. Harbaugh		14. MOTHER'S MAIDEN N	AME abeth Smith	
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes. no. or unknown) If yes, give wor or dates of service)		NFORMANT rs. Stanley	Addre	
CEPTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT			IN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
		JURY OCCURRED 20e. PL	ACE OF INJURY IHome, form,	20f. (City or town)	(County) (Stote)
MEDICAL	Hour a. j. While p. m. 19 of work	Not white for	clory, street, office bldg., etc.		
	21. I certify that I attended the decease alive on 12, 12,	. ~ //		M, fram the causes ar	that I last saw the deceased and an the date stated above
	ACTUAL SIGNATURE COLORET TO A	Cadle	M.D. Hage	ADDRESS (Street, city or town, s	101e) DATE SIGNED 12-14-19
	PHYSICIAN'S Robert F. Kead		V		
1	Burnal, cremation, 225. Date thereof	22c. NAME OF CEMETERY O United Bret		22d. LOCATION (City, town, or Thurmont, M	
Bl.	Raymond E. Creager	Address Thurmont, Md	DATE 240. RECT		TRAR'S SIGNATURE

The		IT OF HEALTH-EALTIMORE, 18	STATE DEPARTME	CIPIATYRAM	
		A CONTRACTOR OF THE STATE OF		district of the state of	
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		The second secon			
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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14210

	14279	CERTIFICA	ATE OF DEATH		Reg. Dist.	No.	
	PLACE OF DEATH COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. C	institution: Residence OUNTY VASHIN		sion)
ŀ	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou				7)
-	JOONSBORG 1. NAME OF HOSPITAL (If not in haspital, give street OR-INSTITUTION REPORT NURSING	122MONTHS oddress) HOVUE	d. STREET ADDRESS	RERSVILL	-1 <u>=</u>		FARM?
1	NAME OF R NURSING NAME OF First DAUL Type or print) DAUL	Middle N A 2 1 1	Lost	4. DATE OF DEATH 1	Month WBEK - 26	Day	Yeor 19.5.9
5. 9	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In lost birt	n years IF UNDER TY	YEAR IF UNDI	ER 24 HRS. Min.
R	USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired) ETIRED STONE AND BRICK M. FATHER'S NAME	KIND OF BUSINESS OR INDU	0	IILLE VYA	ASH , CO.M	N OF WHAT C	OUNTRY?
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 10. or unknown) (If yes, give wor or dates of service)		INFORMANT LAIRA	D	ENBERCA Address RERSVILLE	MA	
	1B. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY:		80.1	100000		INTERVAL BE	TWEEN
	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying cause lost.	neulizet	ortero rele	ins		374	in
MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS					PERFC	AUTOPSY ORMED?
CERTI	20a. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Port II of item	18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. I Haur a.m. While p. m. 19	Not while fa	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(Cau	inty)	(Stote)
	21. I certify that I attended the decear alive an 12-24-, 19-	7-0			or town, state)	date stated	
	PHYSICIAN'S NAME (Type) Joseph Second:	ari					
220	BURIAL, CREMATION, 22b. DATE THEREOF DEC. 28. 1959	ROHICERSVILLE	CEMETERY	22d. LOCATION (City,	tawn, or county)	(Stot	
23.	FUNERAL DIRECTOR'S SIGNATURE	SOONS BORD	M D DATE DEC		6. REGISTRAR'S SIGN		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO FUNERAL DIRECTOR:

VS A15 (4)

15M 9/58

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death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14232

CERTIFICATE OF DEATH

R	ea.	Dist	No.	

	1	1	9	-	6)
Dist. N	o. 1	4	4	JL.	10

o. COUNTY		***	o. STATE	here deceosed lived. It institution: Re- b. COUNTY	ildence before odmission)
	INGTON	MARYLAND	MARY		HINGTON
b. CITY OR TOWN (If RURAL ond give ne	outside corporate limits, write orest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporote limits, write RURAL	and give nearest town)
HAGERS		15DAYS	XTILGHMI	ANTON	
d. NAME OF HOSPITA	AL (If not in hospital, give street	address) /	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
WASHING	JON COUNTY	HOSPITAL	FAIR PLA	14 - R.L.	YES NO X
3. NAME OF DECEASED (Type or print)	First	Middle	Last	DATE Manth OF DEATH	Day Year
S. SEX	HOWARD	1	ENESY	DECEMBER	DER 1 YEAR IF UNDER 24 HRS.
3. 3EA			B. DATE OF BIRTH	last birthdoy) Man	
MIALE	WHITE WIDOW	A -	JUNE - 27-	1895 64 yrs. S	12
during most of work	N (Give kind of wark dane 10b. ing life, even if retired)	KIND OF BUSINESS OR INDU			CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	LAMSPORT WASHIC	3. IVID. 454
13. PATHER 3 NAME			14. MOTHER 5 MAIDEN I		
140	MAS HEN	IESV		BETH RIPPLE	
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	Address	
No	7	14-09-5425MI	RS. ROBERT C	1. HAMMOND FAIR	PLAY MP. R.I
18. CAUSE OF DEA	TH [Enter only one cause per li		1 0		INTERVAL BETWEEN
PART I, DEA	TH WAS CAUSED BY:	ourenting 4	und Sar	lure	ONSET AND DEATH
DILLY	DUE TO	5	0		10 7000
6411	~	kan a ent.	Peral	1.'22	10 7.0-
Conditions, if ar	nmediate	(ab) accor	2 10000	Ur iche	100 /0000
couse (a), stoting t	he under- DUE TO	home bron	arlie 25	+ P 111 -	
lying cause lost.) (c)		04 70 01	17.000	
PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY)	ER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	sinal disease condition given in	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WA	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II of item 18.)	
	MEDICAL EXAMINER)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. II While of war	Not while for	ACE OF INJURY (Hame, form ctory, street, office bldg., etc.		(County) (State)
21 I cortify the	at I attended the deceas	ed from Tiene	4 1958 ta	Nois- 6 9, 1939, that	Light saw the deceased
- A	1 -		DM	M, fram the causes and an	i lasi saw me deceased
dive on	, 19	\mathcal{L}_{-} , and that death	accurred di 2 7 211	ADDRESS (Street, city or town, stote)	
ACTUAL OF	+ le mon		2	A 1- A	DATE STORES
SIGNATURE	year wood		M.D. (00	ousbaro Ma.	
PHYSICIAN'S NAME (Type)					
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or cour	nty) (Stote)
REMOVAL (Specify)	DEC. 12.1959	GREEN LAWN	CEMETERV	WILLIAMSPORT WA	ISH CO. MP.
23. FUNERAL DIRECTOR"		ADDRESS		D BY REGISTRAR 246. REGISTRAR	
John D.		ISBORD IVID.	DATE		hun S. Kraus

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VS. A15ME(5) 5M 9/55

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14280

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14213

Reg. Dist. No.

1. PLACE OF DEATH 0. COUNTY	Washington		MARYLAND	0.5	TATE Md.		ased lived. If instit b. COUN	tution Residen		
b. CITY OR TOWN (If and give nearest lawn)		RURAL	c. LENGTH OF STAY IN 16	c. (ITY OR TOWN	(If autside co	orporate limits, write	RURAL and	give neares	t town)
	Ringgold		6 Years	X	R	ural, F	Ringgold			
d. NAME OF HOSPITA	L OR INSTITUTION (I	f not in ho	spital, give street address)	d. 5	TREET ADDRES	\$			e, 1	S RESIDENCE
Smit:	hsburg #1				S	mithsbu	irg #1			NO 🔯
3. NAME OF DECEASED	Fin	st	Middle		Last	4. DATE	Mon	th	Day	Year
(Type or print)	Jo]	and an	Arthur		Hess	DEATH	De	c.	7,	19 59
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE C	F BIRTH		9. AGE (In years lost birthday)	IFUNDER 1		NDER 24 HRS.
Male	White	WIDOWE	D DIVORCED	Sept	8, 18	96	63 yrs.		lays Hou	rs Min.
10a. USUAL OCCUPATIO	N (Give kind of work of life, even if retired)	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. (IRTHPLACE (SI	ate ar fareign	country)	12. CITIZ	EN OF WH	AT COUNTRY?
Grader Ope			State of Md.		Rouzer	ville 1	Pa.	U	.S.A.	
13. FATHER'S NAME	HE TERMINE		4-3444-00	14. MO	THER'S MAIDE	N NAME			13 70	
John He	SS				Emma R	ouzer				
15. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMA	NT		Addres	5	25.00	- 10 E
(Yes, no, or unknown)	(If yes, give war or dates of		20-34-0851	Mrs.	John A	. Hess	Smit	hsburg	Md.,	#1
PART I. DEAT # 20, / Canditians, if or gave rise to immed (a), stating the u cause last.	inte couse DUE TO (c) ER SIGNIFICANT CONI	DITIONS C	Buftered of Coronery ONTRIBUTING TO DEATH BUT IN HOW INJURY OCCURRED.					VEN IN PART	PEI	AS AUTOPSY RFORMED?
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea 19 of I toak charge	of the		ave, he		psy 🚁	Inspection 🔲		51.1	(State) ad find that
ACTUAL SIGNATURE EXAMINER'S NAME (Type) 720. BURIAL, CREMATION REMOVAL (Specify) Burial	REWO	2.th	22c. NAME OF CEMETERY O	M.D. (CHIEF MEDICAL SSISTANT MEDICAL	L EXAMINER [DICAL EXAMINER AL EXAMINER 22d. LOC	JER	or county)	3/59	State) Pa
23. FUNERAL DIRECTOR	SIGNATURE	ove	Waynest	Porc	Pa 240. RI DATE	EE BY REGI		ISTRAR'S SIGN		

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death. Page 4

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CERTIFICATE OF DEATH

	4633	921(1111)					Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Washing	ton	MARYLAND	2. USUAL RESI	Md.	ere deceased	d lived. If institution b. COUNTY		before odmin	
b. CITY OR TOWN (If outside corpor RURAL and give nearest town) Hagerstown	ate limits, write	c. LENGTH OF STAY IN 16 50 yrs	c. CITY OR	Hager:		rate limits, write R	URAL and giv	e nearest taw	n)
d. NAME OF HOSPITAL (If not in hose or institution 118 John St.		oddress)	d. STREET	DDRESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First V	Middle Puncell	Hill	1	4. DATE OF DEATH	Mon 12		Day 30	Year 19 59
5. SEX 6. COLOR OR male white		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT	1881		9. AGE (In years last birthday) 78 yrs.	Months Do	YEAR IF UND	
10a. USUAL OCCUPATION (Give kind a during mast of working life, even if Machinest	wark done 100 retired)	M.P?. Moller	USTRY 11. BIRTHP			co. W. Va		USA	T COUNTR
V. Percy	Hill Sr		14. MOTHER'S		Trus	sel			
15. WAS DECEASED EVER IN U. S. ARM (Yes, no, or unknown) [If yes, give wor or	ED FORCES? 1	S. SOCIAL SECURITY NO. 17.	INFORMANT Blanche			Addi			
Canditions, if ony, which gove rise to immediate cause (a), stating the <u>under-lying couse last.</u>	DUE TO (b) (c)	rterios cle ro eneralized A	rterios	clero	osis.		ease	B JAVPSTVI TESY TESY	D DEATH
CAT	B:	contributing to DEATH BU	hma and	Emph	nysem	a.	EN IN PART 1	PERFO	AUTOPSY ORMED?
2	y, Yeor 20d. Whil		AACE OF INJURY (Hame, form,	. 20f. (City		(Соч	inty)	(State)
21. I certify that I attended alive on DeC e 25 ACTUAL SIGNATURE PHYSICIAN'S R. A.		Sell and that deat	M.D. 11	7:00A 9 Nor	M, from ADDRESS (SI	O, 1959 In the couses of reet, city or town, otomac Maryl	ind an the state) St. 1:	date stat	ed abov
220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify) burial 1-2-6	45.0	22c. NAME OF CEMETERY O			22d. LOCAT	nesboro		(Sto	
23. FUNERAL DIRECTOR'S SIGNATURE Fred W. Kraiss	Hagers	ADDRESS cown . Md .			BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	ATURE	

may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OF VS A15 (4) 1SM 10/57

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	run 24 Linkin Syrapi		GT: ATE ETTE THE STATE OF
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in etc., b. a. This is extent.	Theory of a letter		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1428 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1	1	0	1	Die.
1	4	6	I	7

1. PLACE OF DEATH O. COUNTY Washing	ton	MARYLAND	2. USUAL RESIDENCE (V		COUNTY	ce before admission)
b. CITY OR TOWN (If outside corpo end give nearest lewn) Rural—Hagerst	role limits, write RURAL	c. LENGTH OF STAY IN 16		outside corporete li	mits, write RURAL and g	
d. NAME OF HOSPITAL OR INS	TITUTION (If not in hosp		d. STREET ADDRESS R. #6	agerscor		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	LESTER	Middle HO	RNBAKER	4. DATE OF DEATH	Month Dec. 12, 19	Doy Year 959 19
Male Wh	te WIDOWED		4/11/23	36	rthday) Months D	YEAR IF UNDER 24 HRS. ays Hours Min.
100. USUAL OCCUPATION (Give kinduring most of working life, ever Carpenter		nd of Business or indust	Mercersb	or foreign country)		EN OF WHAT COUNTRY?
13. FATHER'S NAME Harry	R. Hornbak	er	14. MOTHER'S MAIDEN I	Gordon		
- /0-/1-	ARMED FORCES? 16. S oer or dates of service: 08/17/45		57 Mrs. Ma	ry H.Hor	Address town	n, Md.R.#6
18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAUMMEDIATI S 2 3 X Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	DUE TO (b) (USED BY: E CAUSE (o) DUE TO	Leaf Creus	in Serve	alf e Hom	onhage	INTERVAL BETWEEN ONSET AND DEATH
	CANT CONDITIONS CON	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INALDISEASE COND	ITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED?
PART II. OTHER SIGNIF	Car	HOW INJURY OCCURRED. (E	in livel	highway		
20c. TIME OF INJURY Mon	White		CE OF INJURY (Home, formory, street, office bldg., etc.	1) 20% (City or) Swi	estoron les	1 12
21. I certify that I too death resulted from: ACTUAL SIGNATURE EXAMINER'S	_			XAMINER SALEXAMINER	ion . Inquiry mined couse .	DATE SIGNED
220. BURIAL, CREMATION, 22b. D REMOVAL (Specify)	ATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (C	ity, town, or county) sburg, Pa.	(Slole)
23/FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	24a. REC		24b. REGISTRAR'S SIGN	1 -

VS. A15ME(5) 5M 9/55

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E CONTROL SECTION OF THE SECTION OF Prof. of Aller Bitter and Aller School WARRIOT STORES AND RECORD AND THE PROPERTY OF netting cyclums. A STATE OF THE PARTY OF THE PAR

TO HOSPITAL 9

VS A15 (4) 15M 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

14216 Reg. Dist. No.

		14234		CERTI	FICA	ATE OF I	DEATH			Reg. Di	st. No.	302	3
1. PLAC a. CC	E OF DEATH	gton		MARY	LAND	o, STATE	land	ere deceosed	lived. If institution b. COUNTY	on: Residen	ice befor	re odmissi	ian)
b. CI		outside corporate limi	ts, write	c. LENGTH OF STAY		-0	town (If ou	stside corpor	ote limits, write R		give nec	irest town)
d. N.	AME OF HOSPITA	unty Hos				d. STREET			e Ave				PARM?
	ASED or print)	JANE		Middle IZABETH	HC	STETTE	7.1	4. DATE OF DEATH	Decemb	er 1		9591	
5. SEX	Female	6. COLOR OR RACE White	7. MARR	DIVORCE		B. DATE OF BIRT	гн 6 188		9. AGE (In years lost birthdoy) yrs.	Months Months	1 YEAR Doys	Hours Hours	Min.
dur	UAL OCCUPATION ing mast of working to the control of the control o	ng life, even if retired)	kind of Business own Home	R INDU	9.4	ACE (Stote o	- 900	untry) Md. red. Co	12. CIT	US US		OUNTRY?
		ph Eaton				14. MOTHER'S	Mary	-					
(Yes, no,	or unknown) (I	IN U. S. ARMED FOR f yes, give war or dates of a	ervice)	social security no $4-09-0683$		ne H.			Armstr		Ave		
Co		H WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO y, which mediate	Certe	re for (0), (b), and (g): celred its rec pelese veleges (d	ran	besis	stown Desi					ERVAL BE SET AND 1 48	
CERTIFICATION OB OB		ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY PRMED?
	. ACCIDENT WAS CONTRIBUTING EITHER, NOTIFY I	UNDERLYING UCAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture	of injury in P	art I or Port	II of item 18.)				
WEDICAL	TIME OF INJURY Haur a.m. p.m.	Manth, Doy, Ye	While	NJURY OCCURRED Nat while at wark		ACE OF INJURY ctary, street, office			or town)	(1	County)		(State)
ACI SIG PHY NA	rual Hellower (SICIAN'S ME (Type)	leorge	195 Ve	and that	5	M.D. 136	SSUA	M, fram 1 ADDRESS (Str Shire To wn	the causes ar reet, city or town, g +6 m S	d an the		stated DAT 2/18	d abave.
Bi	RIAL, CREMATION MOVAL (Specify) LT1&1 ERAL DIRECTOR'S	12/21/	59	Rose H:	ETERY O	Cemete		Hage:	ION (City, town,	or county) Md/ STRAR'S SI			Co
	ndrew K		n Ha	gerstown	Md.			EC 2 3		Irthun			

The state of the s A CONTRACTOR OF THE PARTY OF TH

14235	CEK	IIFICATE OF	DEATH	Reg. Di	ist. No.
D. COUNTY Washingto	on M	2. USUAL RES	ary land	lived. If institution: Resident b. COUNTY Wash	
b. CITY OR TOWN (If outside carporate RURAL and give neorest town) Hagerstown			TOWN (If outside corporo	te limits, write RURAL ond (Rural)	give nearest town)
d. NAME OF HOSPITAL (IF not in hospit OR INSTITUTION Western Maryland	tal, give street oddress)	d. STREET	A		e. IS RESIDENCE ON A FARM? YES NO Z
3. NAME OF DECEASED (Type or print)	First Mid		4. DATE OF DEATH	Manth Dec.	Day Year 20 1959
	ACE 7. MARRIED NEVER MA			AGE (In years last birthday) 64 yrs.	R 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of w during most of warking life, even if rel Hou sewife	ork done 10b. KIND OF BUSINESS fired) Own Home		les Manor,		IZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER	S MAIDEN NAME		
Jacob Tilghman	Houser		tha Jane H		
15. WAS DECEASED EVER IN U. S. ARMED (Yos. no. or unknown) (If you give wor or date) NO	FORCES? 16. SOCIAL SECURITY 217-28-7		harles H. Harpers Fe	Albright rry, West	Va.
1B. CAUSE OF DEATH [Enter only or PART I. DEATH WAS CAUSED IMMEDIATE CAUSE	BY:	(c).] Zarcinoma	10515		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which	E TO (b) Carcinom E TO	a of brea.	sts, bilate	ral	6 years
PART II. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED 1	O THE TERMINAL DISEASE	CONDITION GIVEN IN PAR	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEA	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature	of injury in Part I or Port I	l af item 1B.)	
Hour a.m.	Year 20d. INJURY OCCURRED While Not while of wark of work	20e. PLACE OF INJURY foctory, street, offi	(Home, form, 20f. (City of bldg., etc.)	or town) ((State)
21. I certify that I attended olive on Deacmber 20 ACTUAL SIGNATURE VICTOR PHYSICIAN'S NAME (Type) VICTOR) , 19 59 , ond th	at death occurred o	ADDRESS (Street)		e dote stoted obove DATE SIGNED
220. BURIAL, CREMATION. 226. DATE THE REMOVAL (Specify) 12/23/	EREOF 22c. NAME OF C	EMETERY OR CREMATORY S Manor Cen	22d. LOCATIO	ON (City, town, or county) Iples Manor	(Stote)
28 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	arry W Vo	24a. REC'D BY REGISTR		GNATURE

death. Poge 4

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove earbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremotion, or removal, and in ony event within 72 hours ofter death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL Q VS A15 (4) 15M 9/5B

Elaffunction added to the country of THE STATE OF THE PERSON OF THE STATE OF THE ton new ties a commence of the state of the agusti essel antrasa. then to the state of the state Non-State All-State Total State Control of the State Control of the State Stat the state of the s The state of the s the said of the contract of the said of th Serial superior of the Manager Series of the Target as to the Tis country of the Manuer Country of the Manuer, the A. C. L. Compete Ferry, W. ye. -

TO HOSPITAL 9

VS A1S (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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14218

PLACE OF DEATH O. COUNTY			Reg. Dist. No.
WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	bd lived. If institution: Residence before admission) b. COUNTY NASHINGTON
	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corpo	orate limits, write RURAL and give nearest tawn)
HAG-ERSTOWN '	7 DAYS	X BOONSBOR	
d. NAME OF HOSPITAL (IF not in hospital, give street add OR INSTITUTION WASHINGTON COUNTY	HOSPITAL	STIPAUL S	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First First	Middle	Last 4. DATE OF	Month Day Year
(Type or print) VIOLA	CORDER	HUTZELL DEATH	A PURITURE IN OIL
6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HR: Months Doys Hours Min.
FEMALE WHITE WIDOWED		NOVEMBER - 9- 1894	65 yrs. 1 3
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ID OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign of	22. CITIZEN OF WHAT COUNTRY
HOUSE WILFIE OV	VN HOME		ASH, CO. IND. YISA.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	LENHART	MARTHA	MADDRAN
(Yes, no, or unknown) (If yes, give war or dates of service)	CIAL SECURITY NO.	NFORMANT	Address
No. 220	-10-3367 HA	ARVEY HUTZELL	BOONSBORD MD
18. CAUSE OF DEATH [Enter only one couse per line for	or (a), (b), and (c).]	1/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rebral	Haemorkas	UNSET AND DEAD
33/X DUE TO		Y	
Canditions, if ony, which) (b)			
gove rise to immediate couse (o), stating the under-			
lying couse last. (c)			
lying couse last. (c)	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
lying couse last. (c)		NOT RELATED TO THE TERMINAL DISEAS	PERFORMED? YES NO
Iying couse last. (c)	RY OCCURRED 20e. PL		YES NO T
Iying couse last. (c)	RY OCCURRED 20e. PL for work	D. (Enter noture of injury in Port I or Port ACE OF INJURY (Home, form, 20f. (City ctory, street, affice bldg., etc.)	PERFORMED? YES NO (County) (State
Iying couse last. (c)	RY OCCURRED 20e. PL fo of work of fram.	D. (Enter noture of injury in Port I or Port ACE OF INJURY (Home, form, 20f. (City, street, affice bldg., etc.)	y or town) (County) (State the causes and an the date stated abave
Iying couse last. (c)	RY OCCURRED 20e. PL fo of work of fram.	D. (Enter noture of injury in Port I or Port ACE OF INJURY (Home, form, 20f. (City, street, affice bldg., etc.)	PERFORMED? YES NO THE II of item 18.)
Iying couse last. (c)	RY OCCURRED 20e. PL fo of work of fram.	D. (Enter noture of injury in Port I or Port ACE OF INJURY (Home, form, 20f. (City, street, affice bldg., etc.)	y or town) (County) (State the causes and an the date stated abave
Iying couse last. (c)	RY OCCURRED 20e. PL fo of work of fram.	D. (Enter noture of injury in Port I or Port I	y or town) (County) (State the causes and an the date stated abave
Iying couse last. (c)	RY OCCURRED 20e. PL fa of work 2 , and that death	D. (Enter noture of injury in Port I or Port I	PERFORMED? YES NO (State y or town) (County) (State the causes and an the date stated abave street, city ar town, state) DATE SIGNE Add MA
Iying couse last. (c)	RY OCCURRED Not while of work and that death	D. (Enter noture of injury in Port I or Port I	PERFORMED? YES NO (County) Yor town) (County) (State) PERFORMED? YES NO (State) YES NO (County) (State) PERFORMED? YES NO (County) (State) PERFORMED? YES NO (State)

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and campletely filled in by the funeral directar, bon papers. Pages 1 and 2 shauld be filed with

page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon the registrar priar ta burial, cremation, ar remayal, and in any event within 72 haurs after the may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached far use as the burial-transit permit. Then please remave care

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL Q VS AIS (4) 1SM 9/SB

14237	CERTITION	TIE OF DEATH		Reg. Dist. No. 302
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryla	- h COLINIT	ortion: Residence before admission) Y Washington
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Bagers		RURAL and give nearest tawn)
Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION) Washington County Hospit	address)	d. STREET ADDRESS	imore Street	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) OLGA	Middle LENORA	Last IRBY	4. DATE MCOF DEATH Decemb	onth Doy Year Oer 9 19 59
5. SEX Female 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH December 8,	1894 9. AGE (In year last birthday)	Manths Days Haurs Min.
	kind of Business or Indu	STRY 11. BIRTHPLACE (Store		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	19-12-1482 H	NFORMANT Clijah Irby	Hagerstown, M	Maryland INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS (A)	CONTRIBUTING TO DEATH BUT	SICOND NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	SIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 18.)	
Haur a.m. While		ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc		(Caunty) (State
21. I certify that I attended the decease alive an 19 Sq., 19 ACTUAL SIGNATURE CALLY OF PHYSICIAN'S NAME (Type) S. Earl Young	and that death	Mager	, , , , , , , , , , , , , , , , , , , ,	ma
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 12/11/1959	Rose Hill Ce	R CREMATORY	22d. LOCATION (City, town Hagerstown	n, ar county) (State) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Suter Houzer Funeral Home	Hagerstown,		DEC 1 7 '59	GISTRAR'S SIGNATURE

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14220

	11.990					Reg. Dist. N	0.
1. PLACE OF DEATH 0. COUNTY	WASHING TON	MARYLAND	2. USUAL RESIDENCE (V			Vashing	
b. CITY OR TOWN (IF and give nearest town) Hagerstoy		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		limits, write !	RURAL and give	nearest lown)
	on County Hos	in hospital, give street address)	d. STREET ADDRESS	t Washing	gton St	t	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First STAN	Middle LEY	JESKIE	4. DATE OF DEATH	Month Dec	poy cember 2	
5. SEX			DATE OF BIRTH 24 March 1918	los	GE (In years birthday) +1 yrs.	Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of workin U.S. SC	ON (Give kind of work done g life, even if retired) Oldier	106. KIND OF BUSINESS OR INDUST U.S. Army	Ledwood,	or foreign country)	12. CITIZEN C	F WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			
I	Frank Jeskie		Fre	ances Car	ndle		
15. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U. S. ARMED FORCES (If yes, give wer or doles of service 7/31/41 -1959		pt. John Rose	e, Fort I	Address Ritchie	, Cascad	e, Md.
Conditions, if all gave rise to immed (a), stating the cause lost.	DUE TO ny, which diate cause underlying DUE TO (c)	DRONARY ATHEROS HROMBOTIC OCCLU THIS CONTRIBUTING TO DEATH BUT N	JSION CIRCL	JMFLEX /		′ R	RECENT
PART II. OTH PART II. OTH 20g. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH.		SCRIBE HOW INJURY OCCURRED. (E				in i	PERFORMED? YES NO
PRIMARY OF CON		SCRIBE HOW HOOK! OCCORNED. (E	mer notore or injory in For	I TOT FOLL II OF III	11 10.)		
20c. TIME OF INJUS Hour a. m. p. m.	2Y Month, Day, Year		CE OF INJURY (Home, farm ory, street, office bldg., etc.		wn)	(County)	(State)
death resulted	from: Natural caus	the remains described abo	ve, held an Autops cide, Homicide		ction [], ermined co	Inquiry [, and find that
ACTUAL SIGNATURE EXAMINER'S	4- W	Silve n	_M.D. CHIEF MEDICAL EX				
NAME (Type)		ITO JR.	DEPUTY MEDICAL				5-59
220. BURIAL CREMATIO REMOVAL (Specify) Burial	12/31/59	Buckhannon M	emorial Com.	22d. LOCATION Buckhe			(State) W • Va •
23. FUNERAL DIRECTOR	S SIGNATURE	Address Waynesboro, P	24a. REC'	DEC 2 9 '59		rthun & H	

VS. A15ME(5) 5M 9/55

or removal.

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TO DEPUTY ME AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the contact, writing the ward "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transil permit. File pages 1 and 2 with the State Baard or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1423 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No

1	4	2	2	4
	3	22	3	

1. PLACE OF DEATH COUNTY Washingto	າກ		MARYL	AND	o. STATE TV1a:		ed lived. If instit ashbi SOUN		dence bei	fore odni	ission)
	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	V lb	c. CITY OR TOWN				d give n	eorest to	wn)
Hagers Hagers			8 Yrs		- 9	erstow					,
		f nat in hos	pital, give street address)		d. STREET ADDRESS	The state of the s				e. 15 R	ESIDENCE
929 Fr	ederick R	oad			/929 Fr	ederic	k Road			YES [A FARM?
3, NAME OF DECEASED (Type or print)	MATTHEW	17	WILLIAM		JONES	4. DATE OF DEATH	Decemi		1 19	EO	eo'r
5. SEX	7	7. MARRIE	NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE In years	IF UNDER	RIYEAR	IF UND	ER 24 HRS.
Male	White	WIDOWED	Table 1	_	March 27	1878	lost birthday) 81 yrs.	Months	Days	Hours	Min.
during most of working Machini	ON (Give kind of work of glife, even if retired)	done 10b. K	etired	NDUSTR	Martins	burg B	erkley	V 8 12, CI1 CO	US US		COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
Leon	ard Jones				Cordel	ia(no	Record)			
5. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO.		FORMANT		Addres				
(Nos. no. er unknown)		57	7-38-2701	Mr	s Minnie		9.4.4	29 F1	rede	ric	k Rd
	H [Enter only one cou	se per line	for (o), (b), and (c).}		hager	stown	ma.		INTE	T AND DE	EEN ATH
	IMMEDIATE CAUSE (0)		Julmone	y	orgeste	1			7	dig	-
444X	DUE TO	/	0 1 /	11	1/1/				1	_	
Conditions, if or			artis-	10	inal of	rece	-		3	9-	
gove rise to immed (a), stating the u couse last.	inderlying DUE TO				/				-		
) (c)	DITIONS CO	INTRIBUTING TO DEATH	BUIT NO	OT BELATED TO THE YEA	MINIAL DICEAC	E CONDITION OF	WEATING BAL	D7 11 112	0 14140	ALITABAN
S PART II, OTH	EK 210 MILICAMI COM	DITIONS CC	MINBUTING TO DEATH	001 14	OI KEENIED TO THE TEN	WINAF DIZENZ	E CONDITION G	YEN IN PAI		PERFC	RMED?
PART II, OTH 200. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	ISE WAS TRIBUTING []	b. DESCRIBE	E HOW INJURY OCCURR	ED. (Er	iter nature of injury in I	Part I or Part II	of item 18.)				
20c. TIME OF INJUR Hour e, m. p. m.	Y Manth, Day, Yea	While			E OF INJURY (Home, for ry, street, office bldg., e		or lown)	(Co	ounty)		(Stote)
21. I certify th	at I took charge	of the r	emoins described	obov	re, held on Auto	psy . It	rspection 🗾	- Inqui	ry 🗌	, an	d in my
opinion death	resulted fram: 1	Vatural o	causes Accide	ent [], Suicide [],	Homicide	, Undet	ermined	monne	er 🔲	
ACTUAL SIGNATURE	1. EW.	De	the		M.D. CHIEF MEDICAL	EXAMINER				DATE S	IGNED
		0 >			ASSISTANT MED	ICAL EXAMINE	R 🗍		12	1/2/	/_
EXAMINER'S NAME (Type)	7 EW	TI	1707		DEPUTY MEDICA	AL EXAMINER [/	17/	39
220. BURIAL, CREMATIO REMOVAL (Specify)					CREMATORY	-	TION (City, town,		0-	(Stol	•)
Burial 23. FUNERAL DIRECTOR	12/6/59)	Rest Aave	11 0	emetery		stown		00	Md	
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VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14240 **CERTIFICATE OF DEATH**

14222

Reg. Dist. No. 302

PLACE OF DEATH O. COUNTY	Washington		MARYLAN	O STATE		-11	lived. If institut b. COUNTY				ian)
b. CITY OR TOWN RURAL ond give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN	1b c. CITY (OR TOWN (If o	utside corpoi	rate limits, write l	RURAL ond	give neo	rest town	1)
Hagersto			life	03	Hagerst	cown					
OR INSTITUTION	PITAL (If not in hospitol, of lerick Stree		address)	1	T ADDRESS Freder	rick S	treet				FARM?
3. NAME OF		rst	Middle	021	Lost	4. DATE	Ma	- 41			- 20
(Type ar print)	GEORGE		TYSON	KENI		OF DEATH	Decemb	er	16		1959
5. SEX		7. MAR	RIED NEVER MARRIED				9. AGE (In years lost birthdoy)	Months	Doys	Hours	Min.
Male	White	WIDOW	TED DIVORCED	March	14, 189	90	69 yrs.	Monins	Days	Hours	Min.
10a. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired	dane 10b.	KIND OF BUSINESS OR II	NOUSTRY 11. BIRT	HPLACE (State	or fareign co	ountry)	12. CIT	IZEN OF	WHATC	OUNTRY
	ırm Manager		wn Farm	На	gersto	m. M	rvland	II.	S.A.		
13. FATHER'S NAME	The state of the s				ER'S MAIDEN N		7 2000		- 144		
Т	avies L. Ke	nTre			Anr	19 H.	Towson				
15. WAS DECEASED EV	ER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	INFORMANT	Triti	no III		iress			
(Yes, no, or unknown)	(If yes, give war or dates of	service)	ALC: TEST	Robert C	. Kenly	r N	ew York	City			
+	EATH Enter anly ane co	use per li	ine far (a). (b), and (c).)						INTE	RVAL BE	TWEEN
	EATH WAS CAUSED BY:	13			(6)	20-6			ONS	ET AND	DEATH
177Y	IMMEDIATE CAUSE (ercine	m5 6:	- 4	05-6	7 1 6		1	6 m	0
	DUE TO)									
Conditions, if	immediate (-		
cause (o), stating	g the under- DUE TO										
lying couse lost	_ / /	c)									
PART II. O	THER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	NAL DISEASE	E CONDITION GI	VEN IN PAI	RT 1(o) 1	PERFO	RMED?
200. ACCIDENT WOR CONTRIBUTION	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (Enter notu	re of injury in I	Part I or Part	II of item 18.)				
20c. TIME OF INJU	. 10	ar 20d. I While of war	Not while	e. PLACE OF INJUI factory, street, a			or town)	(County)	-6,	(State)
21 cartific	that Lattended the	decen	sed fram. 9-2-5	10.5	9 10 1-	2-11	1059	that I I	act con	, the d	000000
1 /	1 - 16	10									
alive on	-10	, 19	59_, and that de	earn accurred			the causes ar reet, city or town		e date		d abave
ACTUAL SIGNATURE	Good	a	· Hells	<u>м.в.</u> 2	14 14.)	Poto	mecs	t .			
PHYSICIAN'S NAME (Type)	4046	1	HOFF	42 h	Hag	21-5	tour	\	71	16	
220. BURIAL, CREMATI	ION, 226. DATE THERE	OF	22c. NAME OF CEMETER	RY OR CREMATOR	Y	22d. LOCAT	ION (City, town,	or county)		(Stot	e)
REMOVAL (Specify Burial	" 12/18/19	759	Smithsburg	Cemetery		Sm	ithshura		Mar	vlan	id
23. FUNERAL DIRECTO	er Funeral		ADDRESS		24a. REC'I	D BY REGIST	RAR 24b. REG	STRAR'S SI	GNATUI	-	
R. Linkli	er Funeral	Home	Hagerstown,	Md.	DAREC	21'59	Chi	hun S. 9	Times		

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	e 1/2 1 2 1 1 1 2 1 1 1 2 1 1	- Yearana area			
		• 485 6 486	. 919 3	A CAMPAGE TORS	ALL ALE

may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon popers. Pages 1 and 2 should be filed with the registror prior to burial, cremotian, ar removal, and in any event within 72 hour, ofter death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14241

CERTIFICATE OF DEATH

Reg. Dist. No. 302223

b. CITY OR TOWN [if outside corporate limits, write RURAL and give nearest town) Hagers town d. NAME of hospital (in in hospital, give street address) J. NAME OF DECASED (Type or print) S. SEX B. COLOR OR RACE T. MARRIED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED Shoe Co Shoe Co Shoe Co Shoe Co Shoe Co II. MATER Shoe of foreign country Hagers town 12. CITY OR TOWN [if outside corporate limits, write RURAL and give nearest town) A STREET ADDRESS (A STREET ADDRESS 28 No Mulberry St Style No Mulberry St No Mulberry St Style No Mulb	1. PLACE OF DEATH OCOUNTY Washing	ton	MARYLAND	2. USUAL RESIDENCE (W		lived. If institution b. COUNTY		ce before adm	nission)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR NO MULDETRY St OR NO MONTH OR	RURAL and give ne	earest town)		- 0	outside corpor	ote limits, write R		give nearest to	own)
DECEASED (Type or print) CORA MAE KING PEAH December 35 1950 S. SEX N. COLOR OR RACE Note that the windows of the control of the country of the cou	d. NAME OF HOSPIT	AL (If nat in hospital, give street	address)	d. STREET ADDRESS				ON	A FARM?
Tou Sual Occupation (Give kind of work done) Divorced Oct 11 1881 Occupation (Give kind of work done) Oct 11 1881 Occupation (Give kind of work done) Occupation (Give kind of work done) Occupation (Give kind of work done) Occupation (Give kind of work) Occupation (Give kind of	DECEASED				OF				Year 1959
Shoe Co Hagerstown Wash Co Md. USA 13. FATHER'S NAME HITAIN KING 14. MOTHER'S MAIDEN NAME HITAIN KING 15. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 16. ON		9975 8 8				last birthday)			
HIRAM KING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 16. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. WAS CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] 19. Cause (a), toling the under-lying one is to immediate cause (a), stoling the under-lying cause lost. 20. DUE TO 20. CACCIDENT WAS UNDERIVING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20. CACCIDENT WAS UNDERIVING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20. CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 21. I certify that I attended the deceased fram 19. J. to J.	during most of work	ring life_even if retired) _							T COUNTRY?
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (19. DO UNITED TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Hagers town ind. PART I. DEATH WAS CAUSED BY: (b) ACLUSED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0 PART 1.0 OR CONTRIBUTING CAUSE OF DEATH OR OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR OR CONTRIBUTING CAUSE OF DEATH OR OR CONTRIBUTING CAUSE OF DEATH OR WORLD CONTRIBUTING CAUSE OF DEATH OR WORLD CONTRIBUTION OF	13. FATHER'S NAME							-	
Conditions, if any, which gove rise to immediate cause post limited and contributing to death but not related to the terminal disease condition given in Part 1(o) 19. Was autous limited in the limited and contributing to death but not related to the terminal disease condition given in Part 1(o) 19. Was autous limited in the limited	Hir	am King		Malind	la Mow	en			
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate cause (o), stoting the under lying course lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED YES NO 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 202. TIME OF INJURY Month, Day, Year Hour o. m. 19 al work of vivor of work of vivor of work of vivor of work of work of the work of the work of the work of work of the work of the work of work of the work of the work of the work of work of work of the w	(Yes, no, or unknown)	(If yes, give war or dates of service)			ng 28			St	
gove rise to immediate cause (a), storing the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED COURSE CONTRIBUTION GIVEN IN PART I(a) 19. WAS AUTOI PERFORMED	332×	TH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	entral To	rombrais	n Md.			ONSEL AN	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark of twork of the p.m. 19 While at wark of twork of two	gove rise to is cause (o), stoting	m mediote the under-	yeurs a	wis			7-1	Je	en
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark of twork 20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) 21. I certify that I attended the deceased fram	PART II. OTH	ier significant conditions (CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERM	NINAL DISEASE	CONDITION GIV	EN IN PART	PER	FORMED?
21. I certify that I attended the deceased fram		CAUSE OF DEATH	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port	11 of item 18.)			
alive an 2 , 19 9 , and that death accurred at 10 PM, from the causes and an the date stated about the state	20c. TIME OF INJUR Hour o. m. p. m.	While	Not while	PLACE OF INJURY (Home, farm foctory, street, office bldg., etc	m, 20f. (City	ar tawn)	(0	County)	(State)
NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF PEMOVAL (Specify) 22b. DATE THEREOF PEMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	alive an	25-11.	16			the causes ar	d an the	date stat	
PEMOVAL (Specify)		J. D. WILL	EDN, M.D.	HA	GERST	OWN, MA	RYLA	ND '	
	REMOVAL (Specify)		Rest Have						tote)
23. FUNERAL DIRECTOR'S SIGNATURE Andrew K. Coffman Hagerstown Md. Andrew K. Coffman Hagerstown Md. Andrew K. Coffman Hagerstown Md.								0 10	

BOOK TO THE ENGLISH OF THE PROPERTY OF THE PRO

14224

1		14242 CERTIFIC	CATE OF DEATH Reg. Dist.	No.
)	1. 1	PLACE OF DEATH o. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNT Washir	before admission)
	1	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	e nearest town)
100		Hazerstewn Md 35yrs. d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
31		OR INSTITUTION Washington County Mespital	426 Sumans Ave.	ON A FARM?
1.00	3. 1	NAME OF First Middle DECEASED	Lost 4. DATE Month	Day Year
		(Type or print) Geerge Kenry	King DEATH Dee	18 19 59
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	The state of the s	YEAR IF UNDER 24 HRS.
	_	Male Gelered WIDOWED DIVORCED	July 31 1908 51 yrs.	
	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired) Taverns	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZI Shenandera, V.Va. US.	EN OF WHAT COUNTRY
I	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
-	/	Geerge William	Agnes Dersey	
	(Yes	a no ne unknown) . Iff was must use or delay of services		
	_		rs. Iame Wilson 110 W. North	
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	n (1	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	me of lung.	3 mo
		Conditions, if ony, which)		
		gave rise to immediate	· · · · · · · · · · · · · · · · · · ·	
		lying couse last.		
0	CATION		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	IFIC	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Port II of item 18.)	I IES [] NO []
	CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	CAL		PLACE OF INJURY (Home, farm, 120f. (City or town) (Confactory, street, office bldg., etc.)!	unty) (Stole)
	MEDI	Hour a. m. p. m. 19 While Not while at work of wark	ractory, street, affice blogs, etc.)	
		21. I certify that I attended the deceased from ITU ne	50 , 19 59, to Dec . 18 1959 that I la	st saw the deceased
		1 18	th accurred at 11:15 1. M, from the causes and an the	
		DO 1 11"11	ADDRESS (Street, city or town, state)	DATE SIGNED
		SIGNATURE Va. C. Jeffman	MD. 214 N Potomiest.	12/20/5
1		PHYSICIAN'S 1164 & A-HOFF ma	en Heserstown, ma	3
	220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county)	(State)
0	E	urial Dec 21 1959 Rese Will	Cemetery Magerstown Marva	nd

Magerstewn

FUNERAL DIRECTOR'S SIGNATURE

Rese ADDRESS

24a. REC'D BY REGISTRAR DEC 2 8 '59

arthur & Hear

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

may be retail by the TO FUNERAL DIRECTOR:

TO HOSPITAL

er death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haus

haspital ar attending physician.

BSC 1	TE OF DEATH	CERTIFICA	94811
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		Guerra Dra	
Hall the State of the United States of the S		2.Compare	
The state of the s			
places of any text fault. 2000 and text of the last of the second of the last		TO THE REAL PROPERTY.	
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			THE PARTY OF THE P

death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

TO HOSPITAL

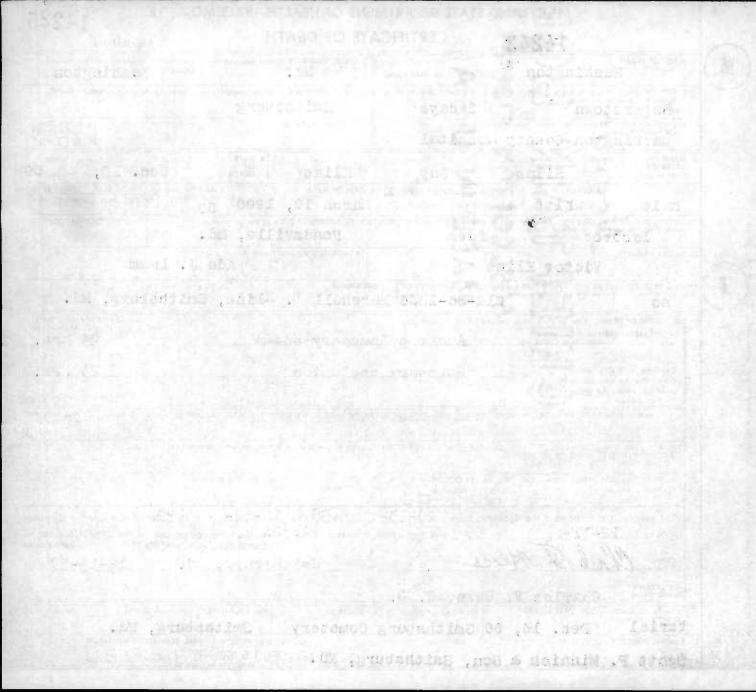
VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

14225

	1424	3	CERTIFI	CA.	TE OF D	PEATH	4		Reg. D	ist. No		
1. PLACE OF DEATH o. COUNTY	ashington		MARYLA			Md.	here decease	d lived. If institution b. COUNTY			gton	1)
b. CITY OR TOWN RURAL ond give r Hagers			ength of stay in days	1b		own (IF a		orate limits, write RI	URAL ond	give nec	arest town)	
d. NAME OF HOSPI OR INSTITUTION Washin	TAL (If not in hospital, g ston Coun	ty Hos	") pital		d. STREET A	DDRESS					e. IS RESIDE ON A FA YES N	ENCE ARM? 10
3. NAME OF DECEASED (Type or print)	Sila :	S	Middle Ray		Klin		4. DATE OF DEATH	Man D	ec.	12,		50
s. sex male	6. COLOR OR RACE white	7. MARRIED WIDOWED			larch		1900	9. AGE (In years lost birthdoy) 59 yrs.	Months Months		Hours 1	24 HR Min.
10a. USUAL OCCUPATI during most of wor I a DO	ON (Give kind of wark of rking life, even if retired) TET	lane 10b. KIND		NDUSTR			or foreign o		12.CI	TIZEN O	F WHAT COL	JNTR'
13. FATHER'S NAME	Victor K	line	3 - 33		14. MOTHER'S	MAIDEN		da J. L	umm		1.0	
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR If yes, give war or dates of se		36-1336		shall	в.	Kline	, Smith		rg,	Md.	
Canditions, if a gove rise to couse (o), stoting lying cause last. PART II. OT	immediate DUE TO	DITIONS CONTR	Acute pu	<i>r</i> 00	eclusi	on		E CONDITION GIV	EN IN PA		9. WAS AU PERFORN YES N	TOPS
PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUI Hour o. m., p. m.	CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Yea	r 20d. INJURY	Nat while	e. PLAC	(Enter nature a E OF INJURY (I ry, street, office	Home, form	n, 20f. (Cit)			(County)		(Stot
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S	hat I attended the 2-11-	decéased fr , 19 59	, and that de		ccurred at_	4:30	À, fram	treet, city or town,	d an th			abay
22a. BURIAL, CREMATIC REMOVAL (Specify DUT 12.1.2.2.2.3. FUNERAL DIRECTOR	Dec. 16	, 59 S	NAME OF CEMETER Mithsbur ADDRESS					TION (City, town, o	, Me	d.	(Stote)	
Scott F.	Minnich	& Son	Smiths	bur	g. Md.				Chur &			



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please

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14244

CERTIFICATE OF DEATH

14226

Reg. Dist. No. 302 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND ashington b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Mos Hagerstown Hagerstown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? West Washington Garlock Memoral Home YES NOT NAME OF 4. DATE First Middle Year DECEASED DEATH (Type or print) KRETZE BELLE 19 59 December IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdov) Months Days DIVORCED [WIDOWED [Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? and during most of working life, even if retired) Iteration Leiter Bros Keedvsville 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Owen Kretzer Amanda 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mrs Lorena 713 Washington Unseld 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o 420.0 DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TI NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Dov. 20d. INJURY OCCURRED (County) (Stafe foctory, street, office bldg, etc.) Hour o. m Not while of work of work p. m. 21. I certify that I attended the deceased from and that death accurred at 5/4. M, from the causes and on the date stated above alive an ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) ose Cemeterv ageratown 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR Onthey & though Coffman, Hagerstown

VS A15 (4) 15M 9/58 12 9-1444

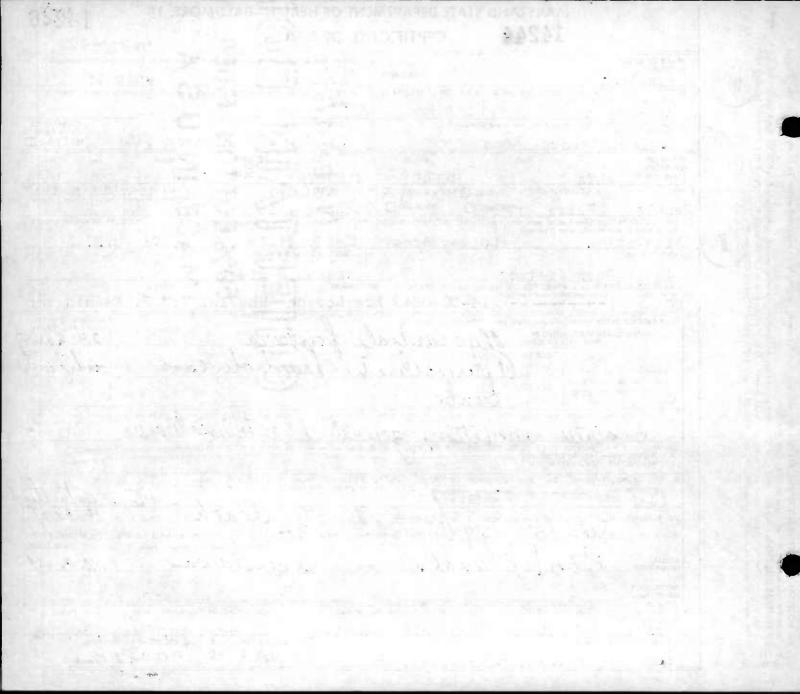
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and that death occur

22c. NAME OF CEMETERY OR CREMA

GLENBURNIE, MARYLA

ADDRESS

LORRATNE CEME

21. I certify that I attended the deceased from

ACTUAL

PHYSICIAN'S NAME (Type) VOHIV

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREOF

14227

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19 59

Reg. Dist. No.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

day

12. CITIZEN OF WHAT COUNTRY?

Days

Months

- 04 /	ag por	f-oughtou	- 6 Works
A			years
ATED TO THE TERM	INAL DISEASE CON	NDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY
the conclus	of outres	inclusion	PERFORMED? YES NO N
	Part I or Part II of		100
noise of injery in	rain voi rain ii oi	mant 10.,	
NJURY (Home, fari et, office bldg., et	n, 20f. (City or to	own) (Cou	inty) (State)
er, office blog., en	****		
YAG ER		city or town, stote) MARYA	AWD 12:15
TORY	22d. LOCATION	(City, town, or county)	(State)
TERY.	BATT	IMORE, MARYT.	A NITO
	D BY REGISTRAR	24b. REGISTRAR'S SIGN	
ND DATE DE	C 4 '59	Circles 8 to	
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		o years and the seasons of the seaso	Market And Car Septiment Avenue	
DESCRIPTION AS DATES	The second secon	A SECOND PROPERTY.	a marcous provide-	

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death. Page 4

CERTIFICATE OF DEATH

	156.04			keg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Washersten	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If o. STATE house and b. C	institution: Residence before admission) OUNTY OUNTY Output Outpu
	b. CITY OR TOWN (If outside corporate limits, write RURAT and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN Uf pyrside corporate limits.	, write RURAL and give rearest towns
	d. NAME OF HOSPITAL (If not in hospital, give.street	oddress)	d. STREET ADDRESS	e. IS RESIDENCE
	tahrney-Redy Mes	marial Lyn	e v	ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	H. Middle	ruhm 4. DATE OF DEATH	Remarker / 1955
	5. SEX 6. COLOR OR RACE 7. MARR	ED DIVORCED	8 DATE OF BIRTH 9. AGE (I	n years IF UNDER I YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life even if retired)	conversely	STRY 11. BIRTHPLACE (Stote or foreign country) Fullan Many	12. CHIZEN OF WHAT COUNTRY
1	13/FATHER'S, NAME	Kruhm	Many and	Laser
I	NS. WAS DECEASED EVER IN U. S. ARMED FORGES? 16.	SOCIAL SECURITY NO. 17.	worman thrushow	Address Fred &
7	PART I. DEATH Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	r for (b), ond (c).]	note pears	INTÉRVAL BETWEEN ONSET AND DEATH
>	(0)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITI	ION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED). (Enter noture of injury in Port I or Part II of item	
	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 White of work	Not while for	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	(County) (Stote)
	21. I certify that I attended the decease alive an 19. 19. ACTUAL SIGNATURE	ed fram July 6	accurred at a Delement of Address (Street, city of Address (Street, city of Address)	19.2.7., that I last saw the decease suses and an the date stated abave or town, state)
/	PHYSICIAN'S G-Wike Va			md.
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	St Parels	CREMATORY 22d. LOCATION (City)	town, or county) (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	MA DATEDEC 7 159	b. REGISTRAR'S SIGNATURE Clathing & Krong

moy be retain the haspitol ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A15 (4) 15M 10/57

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14229

	1424								Reg.	Dist. No		
. PLACE OF DEATH	A 2 19 2			2		DENCE (WH	nere deced	sed lived. If Insti		dence bel	fore adm	ission)
6. COUNTY	Washingto	n	MARYLA	ND	o. STATE	/irgin	nia	b. COUN	ry Ro	ckbr	idge	. /
b. CITY OR TOWN III and give nearest Jown	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR 1	OWN (IF o	utside co	porote limits, writ	RURAL o	nd give n	earest la	wn)
Hagers						Buer	na Vi	sta	83:	x-3		
d. NAME OF HOSPITA	AL OR INSTITUTION (I	f not in hos	pital, give street oddress)		d. STREET A	DRESS					e. IS R	A FARM?
Washin	gton County	Hos	pital								-] NO
NAME OF DECEASED	Firs		Middle		Lost	4	. DATE	Mon	th	Day	1	Year
(Type or print)	WILTO	N	E.	LAW	HORNE	1000	DEATH	De	· .	16	1	1959
. SEX	6. COLOR OR RACE	7- MARRIE	D NEVER MARRIED	B. D/	TE OF BIRTH			9. AGE (In years lost birthday)		R TYEAR	-	ER 24 HR
Male	White	WIDOWE	DIVORCED [A	pril 9	, 193	9	20 yrs	Months	Days	Hours	Min.
. USUAL OCCUPATION	N (Give kind of work of	lone 10b. K	IND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLA	CE (State o	r foreign	country)	12. CI	TIZEN O	F WHAT	COUNTR
Soldier			U.A. Army		Bue	na Vi	sta,	Virginia		USA		
3. FATHER'S NAME		1 3 1		14	. MOTHER'S A	AIDEN NA	AME					
Gı	cover C. La	whorn	е		Els	ie Be	rry					
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INFO	RMANT			Addres	4			
Yes, no, or unknown) VOS	1/1/56 - 5	9 2	24-52-6219	Car	t. Ros	e. Fo	rt R	itchie, I	bryla	and		
	TH Enter only one caus	e per line	for (o), (b), and (c).							LINTE	RVAL BETW	EEN
PART I. DEAT	H WAS CAUSED BY									ONSI	ET AND DE	ATH
825 X	IMMEDIATE CAUSE (6)				-	0						-
Conditions, if or	DUE TO		Fractur		111	01	1				7 7	
gove rise to immed	liote cause	-	naeum	w /	SPE	ues				-		
(o), stoling the couse lost.	inderlying DUE TO											
	FR SIGNIFICANT COND	DITIONS CO	INTRIBUTING TO DEATH B	UT NOT	RELATED TO 1	HE TERMIN	AL DISEAS	SE CONDITION G	VEN IN PA	PT 1(a) 1	O WAS	ALITOPSY
				0.1101		ric remini	INE BIJEN	or combiner o	1611 114 17		PERFC	ORMED?
PART II. OTH	ISE MAS I 200	DESCRIPTION	HOW INTERPRETATION	D (5-1-							YES	NO 🛃
PRIMARY TO CONCAUSE OF DEATH.	TRIBUTING	Purks	HOW INJURY OCCURRE		77	1/	/ /	0	11.	./		
		1001		010	Maren		-	sany	1100	7		-
20c. TIME OF INJUR	Month, Day, Yea	While		factory.	OF INJURY (H	ome, torm, oldg., etc.)	20f. (Cit	y or town		ounty)	X	(Stote
	12-16 19	7 of wo	rk ot work	refer	1/10	ed !	10m	Men	300	min	9 40	1119
21. I certify th	at I took charge	of the r	remains described of	above,	held an	Autopsy		nspection 2	- Inqu	iry	, and	find th
death resulted	from: Natural	auses [], Accident Z	Suicid	е 🔲 , На	micide		ndetermined	cause [].		
	1 501	0	W O						TEAS.	15.		
SIGNATURE	all I	Vi	no To	M	D. CHIEF ME	DICAL EXA	MINER [- //		5	DATE	MGNED
		1	1		ASSISTAN	T MEDICAL	LEXAMIN	ERDA	een	27	72	3/
EXAMINER'S NAME (Type)	MEN	4	PTO	-/	DEPUTY A	NEDICAL EX	CAMINER,	1	- 4		AL	d'
20. BURIAL, CREMATIO	N, 226. DATE THEREO	F	22c. NAME OF CEMETERY	OR CRE	MATORY	1:	22d. LOC/	ATION (City, town,	or county)	(Stot	le)
REMOVAL (Specify) Burial	12/19/1	959	Green Hill	Cer	netery		Bu	ena Vist	a, Vi	rgin	ia	
3. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			4a. REC'D		TRAR 246. REG	ISTRAR'S S	GNATU	RE	
S. Marl	in DOE	-	Warmanhama	D		DATEDEC	21'	59 a	sthun d	. Thou	CAT.	

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Manyahara, Penger. Lan NJ Br Wa

CEPTIFICATE OF DEATH

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death. Page 4

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7 The haspital ar attending physician.

70 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fur page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld the registrar priar to burial, crematian, ar remaval, and in any event within 72 hays the death.

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TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL O VS A15 (4) 15M 9/5B

14283	CERTIFICA	TE OF BEATT	Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE Maryland	L COUNTY	before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Funkstown	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carpor Funkstown	ote limits, write RURAL and gi	ve nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS 23 Frederick	Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ROSE Sema	Middle Li	Lttle 4. DATE OF DEATH	Month	26 19 59
Female 6. COLOR OR RACE 7. MARI		DATE OF BIRTH Feb 21, 1866		YEAR IF UNDER 24 HR Days Haurs Min.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	Own Home	Funkstown	Md. 12.CITIZ	EN OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME ROSeann Ke	rns	
Michael Iseminger IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. IN	FORMANT Keller Iseminge	Address	n ^M d.
Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last.		ic Cardiovascula		5½ years
PART II. OTHER SIGNIFICANT CONDITIONS St. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	contributing to DEATH BUT asis ulcer ri		CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPS PERFORMED? YES NO
	SCRIBE HOW INJURY OCCURRED). (Enter nature of injury in Part I or Port	II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. 19 While p. m. 19	Not while fact	CE OF INJURY (Home, form, 20f. (City tary, street, affice bldg., etc.)		ounty) (Stat
21. I certify that I oftended the december on Dec . 26, 16.		accurred at 6:45 MP fram ADDRESS (St		
PHYSICIAN'S NAME (Type) R. A. Bell		Hagersto	wn M.	
220. BURIAL, CREMATION, 22b. DATE THEREOF BUTIAL (Specify) 12-29-59	22c. NAME OF CEMETERY OF ROSE H111	Cemetery Ha	ON (City, Town, or county) gerstown Md	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Scott F. Minnivh & Son	ADDRESS Hagerstown	Md. DEC 3 1	24b. REGISTRAR'S SIG	

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		.1911		
	a. Thos	.1911		11.0 L. 29-19

VS A15 (4)

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

e. IS RESIDENCE

ON A FARM?

YES NO K

Yeor

10

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO D

12. CITIZEN OF WHAT COUNTRY

Doys

U.S.A.

(County)

.. that I last saw the deceased

Months

59

TURK

(Stote)

DATE SIGNED

(Stote)

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The state of the				T. Charles

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14284

CERTIFICATE OF DEATH

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M)	1. PLACE (o. COUI Wa
	b. CITY

Reg. Dist. No.

)	1. PLACE OF DEATH O. COUNTY Washington MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE Virginia b. CQUNTY Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rt.2, Hagerstown Year	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Winchester 83 x 3
70	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Gateway Convalescent Home	d. STREET ADDRESS Bloomery Star Route e. IS RESIDENCE ON A FARM? YESYX NO
	3. NAME OF DECEASED (Type or print) MARY SARAH	Lost 4. DATE Month Day Year OF DEATH December 13 19/599
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH April 26, 1875 B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Min. 84 yrs. 7 17
	10a. USUAL OCCUPATION (Give kind of work done Housewife, even if retired) Housewife Own home	
	13. FATHER'S NAME George W. Miller	14. MOTHER'S MAIDEN NAME Margaret Fahnstock
1	W	eo. M. Lynn, Sr, Hagerstown, Md
	18. CAUSE OF DEATH [Enter only one couse per lightor (o), (b), and (d).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under. lying couse lost.	Pardiac Pailure Interval Between ONSET AND DEATH Sudde
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO O. (Enter nature of injury in Part I or Part II of item 18.)
	₹ 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)
1	21. I certify that I attended the deceased from MOV. I alive on DIC. 12, 1959, and that death SIGNATURE DAVID REPEATED AVIDED TO STEWEY	M.D. Clear Horizog M.A.
	220. BURIAL, CREMATION, REMOVAL (Specify) Burial 12–15–1959 22c. NAME OF CEMETERY OF Mt. Hebron	
	23, MINERAL DIRECTOR'S STONATURE Clear spring,	Md - 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

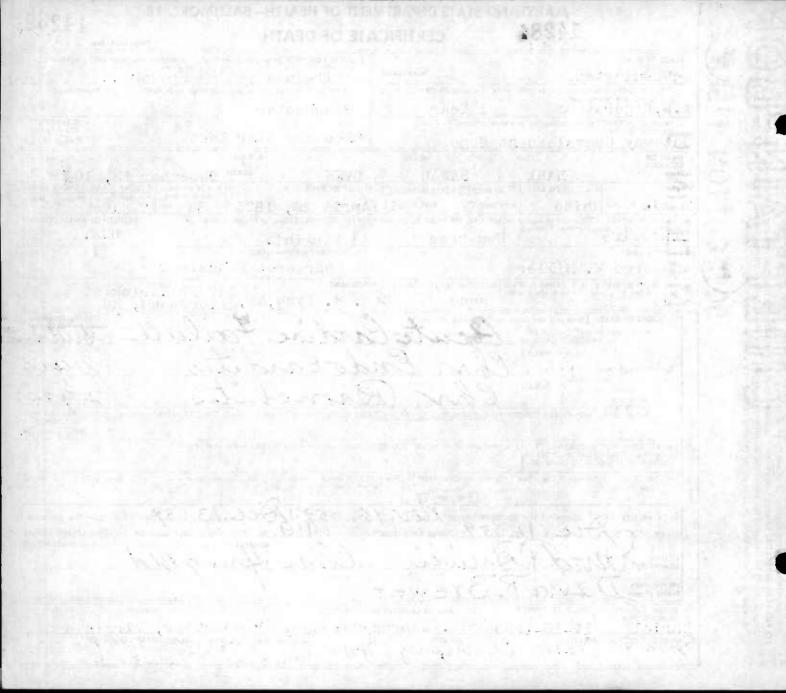
death. Page

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

VS A15 (4) 15M 9/5B



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may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral d requires that the death certificate be executed within 24 haurs and in any event within 72 haurs after death. the registrar priar to burial, cremation, ar remaval,

VS A15 (4) 15M 9/5B

1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Maryland	eceased lived. If institution: Resid	lence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and Wn R #2	d give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of Name of Hospital) Washington County Hosp	address)	d. STREET ADDRESS Willsons		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) HELEN	MARY MA	1 0	DEATH December 2	Doy Year 3 1959 19
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDI lost birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS
Female White WIDOWE	DIVORCED [ctober 12 188	7 72 yrs. Months	Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU			ITIZEN OF WHAT COUNTRY
Housewife Ow	n Home	Comberland Al	laganey Co	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Augustus Hogan		No Recor	d	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. S) (16 yes, give war or dates of service)		Mrence Manthe	Address iy Cumberland	i Md
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED Not while	T NOT RELATED TO THE TERMINAL D ED. (Enter-pature of injury in Port I ACE OF INJURY (Home, form, 20) ctory, street, office bldg., etc.)	or Port II of item 18.)	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
220. BURIAL, CREMATION, 22b. DATE THEREOF		м.в. 1135 Ротомас Н	fram the causes and an t ESS (Street, city or town, state)	DATE SIGNE ON 12/2/59 LAND
Burial 12/5/59	St Marys Ce	V	erland Allega	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g, REC'D BY I	REGISTRAR 24b. REGISTRAR'S	CICNIATUDE

프로젝트 프로그램 그 아이들 그 나는 그 아이들 때문에 가장 그 것이 되었다.

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the registrar priar ta burial,

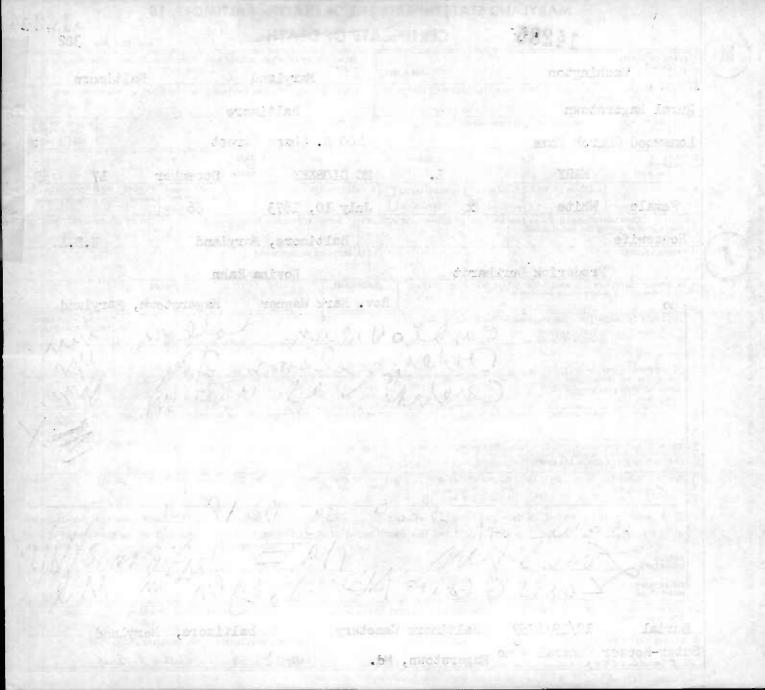
VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14285 CERTIFICATE OF DEATH

Reg. Dist. No.

1		AND AND ADDRESS OF THE PARTY OF										
1	a. COUNTY Was	shington		MARYLA		USUAL RESIDENCE (Vo. STATE		d lived. If institution b. COUNTY	Baltin		issian)	
	b. CITY OR TOWN (I RURAL and give no	f autside carporate limi	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (H	outside corpo	orate limits, write R	URAL and give r	nearest ta	wn)	
1	Rural Hager					Baltimore 3 V 01-4						
-		AL (If not in haspital, g	ive street	address)		d. STREET ADDRESS	. 0.2311.02			e. IS R	ESIDENCE A FARM?	
	Homewood Ch	nurch Home			1	00 E. Chas	se Stre	eet			□ NO 🖾	
3.	NAME OF	Fir	st	Middle		Last	4. DATE	Man	th	Day	Year	
	(Type ar print)	MARY		L.	MC	CLOSKEY	OF DEATH	Decembe		17	19 59	
5	. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. D	ATE OF BIRTH	1 TO 10	9. AGE (In years lost birthday)	IF UNDER 1 YEA	AR IF UN	DER 24 HRS	
ŀ	Female	White	WIDOW			ly 10, 18	73	86 yrs.	Months Day	Haur	s Min.	
10	a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR				country)	12. CITIZEN	OF WHAT	COUNTRY	
	Housewife	ding life, even if retired)			Baltimore	a. Marn	and		U.S.	Δ	
13	3. FATHER'S NAME				1-	. MOTHER'S MAIDEN				0.0		
/		Frederick	Burk	ha rolt.	100	Lox	vina Ba	hn				
		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT	A TUBE DE	Add	ress			
-	Yes, no, or unknown)	(If. yes, give war or dates of s	ervice)		Rev.	Mark Wagn	ner	Hagerst	own, Mai	ylan	nd	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO my, which (b) mmediate		ine for (a), (b), and (c).]	No.	selin	. 01 great	day	24 6	My My	BETWEEN TO DEATH	
CEPTIEICATION	PART II. OTH	FER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	H BUT NO	T RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	VEN IN PART 1(0)	PER	S AUTOPSY FORMED?	
		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature af injury i	n Part I or Po	rt II af item 1B.)			37	
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Ye	While			OF INJURY (Hame, fa , street, affice bldg., e		y ar tawn)	(Caunt	ry)	(State	
	21. I certify the alive an ACTUAL SIGNATURE	at I attended the	deceq	18	eath ac	curred at 3	_M, fram	the causes an	that I last so d an the da state)	ite stat	1	
	PHYSICIAN'S NAME (Type)	YOU!	2 (5 GRAPF	TN	5) /	M	MT	W)	M.	1	
2	2a. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC)F	22c. NAME OF CEMETE	RY OR CR	EMATORY	22d. toca	JION (City, tawn,	ar caunty)	(51	tate)	
L	Burial	12/19/19	59	Baltimore	Cemet	ery	Bal	timore.	Marylan	d		
23	s. funeral director Suter-Rouze	S SIGNATURE	HUMO	ADDRESS		24a. RE	C'D BY REGIS		STRAR'S SIGNAT	TURE		
1	A Francis	r runeral	rr me	Hagerstown,	Md.	DATE	C 2 1 '59	art	wo S. Krau	A		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

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14286 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Washington Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Rural 1 Hancock Maryland Rural 1 Hancock Md Life d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESTDENCE d. STREET ADDRESS OR INSTITUTION YES NO Home NAME OF First Middle 4. DATE Month Day Yeor DECEASED William Austin McCusker (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years (65 birthdoy) Months Dovs Hours Min. 3.1894 WIDOWED | DIVORCED | YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Farming Farming Fulton County Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Barnhart John W McCusker IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Anna M McCusker Rural 1 Hancock Md. No 1B. CAUSE OF DEATH [Enter only one couse per line for (a)-(b) and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: GRA **DUE TO** Conditions, if any, which gove rise to immediate DUE TO couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port U of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) 0. m. While Not while D. m of work of wor 21. I certify that I attended the deceased from that I last saw the deceased and that death accurred at 30 PSM, from the causes and an the date stated above. alive an DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR THE MONTH OF 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial Mt. Olivet Presbyterian Rural Hancock Washington 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	14249		CERTIFIC	CATE OF DEAT	Н		Reg. D	ist. No.	302	
1. PLACE OF DEATH o. COUNTY Washin	rtton		MARYLAN	2. USUAL RESIDENCE (W	here deceased l	lived. If instituti b. COUNTY	ion: Reside	nce befor		ion)
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If	autside carporo	te limits, write R	RURAL and	give nea	rest towr)
77	rstown		6 Weeks	Berkley	Sprin	ngs	85	- X -	3	
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital,			d. STREET ADDRESS						FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle	ESNER Lost	4. DATE OF DEATH	Decemb		A Do	,	rear 1959
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		9	. AGE (In years last birthday)				R 24 HRS.
Fenale	White	WIDOW	ED XX DIVORCED	Oct 13 1888	3	71 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT during mast of we	TION (Give kind of work orking life, even if retired ewife	done 10b.	Own Home	Romey Hang	_		Va.	_	WHATC JSA	OUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN				100		
Th	omas Newel	11		Delia	Funkh	ouser				
	VER IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO.	ren J? Mesner	r 362	Dayco to		ve		
	EATH [Enter only one co	ouse per li		Hagersto					RVAL BE	TWEEN
	EATH WAS CAUSED BY:	1.		rdial infarth				ONS	ET AND	DEATH TE
11701										
Conditions, if gove rise to couse (o), statin lying couse las	g the under-	, sty	pustension.	-arteroselen	he He	al Dis.	tear	·	lu k	uwu
gove rise to couse (o), statin lying couse las	ony, which immediate g the under-	of ty		on ferroselero.					9. WAS	AUTOPSY
gove rise to couse (o), statin lying couse las	ony, which immediate g the <u>under-</u> t. (t	o) Dy	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	IINAL DISEASE (CONDITION GIV			9. WAS A	AUTOPSY RMED?
gove rise to couse (o), statin lying couse las PART II. O	ony, which immediate g the <u>under-</u> t. (t	indty	CONTRIBUTING TO DEATH		MINAL DISEASE	CONDITION GIV			9. WAS A	AUTOPSY
gove rise to couse (o), statin lying couse las Part II. Co	ony, which immediate g the under-t. OUE TO the under-the under-th	DITIONS (CONTRIBUTING TO DEATH TO MAKE THE TO	BUT NOT RELATED TO THE TERM	Part I or Port I	CONDITION GIV 3 - 59 I of item 1B.)	VEN IN PA		9. WAS A	AUTOPSY RMED?
gove rise to couse (o), statin lying couse las PART II. Of PART II. OR CONTRIBUTIN (IF EITHER, NOTIL) 20c. TIME OF INJI Hour a.m p.m 21. I certify alive an	ony, which immediate g the under to the graph of the under to the graph of the under to the under the unde	DITIONS OF ACULT 20b. DESI 20b. DESI While of war decease 4, 19	CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED Not while of wark Red fram	BUT NOT RELATED TO THE TERM At the forth occ RRED. (Enter noture of injury in PLACE OF INJURY (Home, farr factory, street, affice bldg., etc.) 1957, to ath accurred at 7:156	Part I or Port I m, 20f. (City o	CONDITION GIVEN TOWN) To town) The causes an et, city or town,	,that I lad an the stote)	(County) ast sawne date	P. WAS PERFO	AUTOPSY RMED? NO [9] (Stote)
Sove rise to couse (o), statin lying couse las PART II. Of PART III. OF PART II. OF PART III. OF PART II. OF PART II. OF PART II. OF PART II. OF PART III. OF PART III	ONY, which immediate g the under- t. (a) THER SIGNIFICANT CON WAS UNDERLYING IG CAUSE OF DEATH TY MEDICAL EXAMINER) JRY Month, Doy, Ye 19 that I attended the	DITIONS OF ACULT 20b. DESI 20b. DESI While of war decease 4, 19	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED Not while of wark Page of fram and that dea	BUT NOT RELATED TO THE TERM A. L'A. for to acc RRED. (Enter noture of injury in PLACE OF INJURY (Home, farr factory, street, affice bldg., etc.)	Part I or Port I m, 20f. (City o	condition GIV 3 - 59 I of item 18.) I town) 24 , 1959 The causes and the causes are the cause	,that I lad an the stote)	(County) ast sawne date	P. WAS PERFO	AUTOPSY RMED? NO [9] (Stote)
Sove rise to couse (o), statin lying couse las PART II. Of PART III. OF PART II. OF PART III. OF PART II. OF PART II. OF PART II. OF PART II. OF PART III. OF PART III	Ony, which immediate g the under to the graph of the under to the graph of the under to the unde	20b. DES 20b. DES White decease 4, 19	CONTRIBUTING TO DEATH 2 My OCAS 6. CRIBE HOW INJURY OCCU NJURY OCCURRED Not while of wark And that death A BAKER TERM WAY CRI	BUT NOT RELATED TO THE TERM A in fact the accuracy of injury in the second of the sec	Part I or Port I m, 20f. (City o LM, fram th ADDRESS (Street) RS TO C	condition GIV 3 - 59 I of item 18.) I town) 24 , 1959 The causes and the causes are the cause	that I lend an the state) The country or country	(County) ast saw	P. WAS PERFO YES The destruction of the destruction	AUTOPSY RMED? NO [2] (Stote) eceased above. E SIGNED
gove rise to couse (o), statin lying couse las PART II. O 200. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIL) 20c. TIME OF INJI Hour a.m p. m 21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMAT	Ony, which immediate g the under- t. (a) THER SIGNIFICANT CON WAS UNDERLYING IG CAUSE OF DEATH YMEDICAL EXAMINER) JRY Month, Doy, Ye 19 that I attended the 12/2 JOHN H. JON, 22b. DATE THERE(Y) 12/26/5	DITIONS of DESIDITIONS of DESIDITION	CONTRIBUTING TO DEATH CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED Not while of wark and that dea CRIBE HOW INJURY OCCU NJURY OCCURRED A hot while of wark A hot wa	BUT NOT RELATED TO THE TERM A. L. for the accurrence of injury in the second of the s	Part I or Port I m, 20f. (City oc.) LM, fram th ADDRESS (Stre	CONDITION GIVES TO THE COURT TOWN, LING FOR THE COURT TOWN, LING F	that I lead an the stote) or county)	(County) ast saw	9. WAS PERFO YES / the d stated DAT /2 -:	(Stote)

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CERTIFICATE OF DEATH 14250 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE 090 ON A FARM? YES NO Garlock NAME OF 4. DATE Middle Lost Month Day Year DECEASED DEATH (Type or print) 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min. WIDOWED [DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 112BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 2 within 18. CAUSE OF DEATH [Enter only one couse per line far (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 420.0 DUE TO Gear Conditions, if ony, which ony gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, | 20f. (City or town) Month. Doy, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while of work of work 2, 1959, that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 5 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) he registror 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF ZEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRES! 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE rhunta arthur & Kraus

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FOR STATE

HEALTH DEPT sory, please clar. Page your files. d of Health, M

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TO DEPUTY MECAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is presented to cate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for y TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours ofter death.

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VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1425 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	1, 1	LACE OF DEATH					2. USUAL RESIDENCE (nce befo	ore admis	sion)
		Washir	ngton		MARYLA	ND	Maryland	l W	ashing	con			
	b	. CITY OR TOWN (If a	outside corporate limits, write 1	RURAL	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (orate limits, write	RURAL and	give ne	orest tow	n)
		Hagers	stown		2 Weeks		03 Hag	gersto	wn				
	d	NAME OF HOSPITA	L OR INSTITUTION (IF	nat in hospi			d. STREET ADDRESS						SIDENCE
1		Wash Co	unty Hosp	ital			/ Harma	ns Al	ley				NO TO
		NAME OF DECEASED	First		Middle		Losi	4. DATE OF	Month	h	Doy	Ye	or
		Type or print)	DOROTHY		ELIZABETH		OBITTS	DEATH	Decen	ber	17	19	59
	5. 5	EX	6. COLOR OR RACE	- MARRIED	NEVER MARRIED	3 B. D	ATE OF BIRTH		P. AGE (In years last birthday)	IF UNDER		the same of the sa	R 24 HRS.
ij		Female	1111100	WIDOWED		x	March 15	1910	49 yn.	Months	Doys	Hours	Min.
H	10o.	uring most of working	N (Give kind of work do ; life, even if retired)	ine 10b. KII	ND OF BUSINESS OR INI	DUSTRY	11. BIRTHPLACE (State	e or foreign co	untry) Pa	12. CITI	ZEN OF	WHAT (COUNTRY?
1		Housewo		0	wn Home		Welsh Ru	in Frai	nklin C	0 1	USA		
	13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
/		Ernes	st Baker				Lulu 1	owen					
			R IN U. S. ARMED FORC		OCIAL SECURITY NO.	7. INFO	PRMANT		Address				
		No			None	Mr	s Beulah	Dawsor	1369	Mars	nal	1 St	,
		18. CAUSE OF DEAT	H [Enter only one couse	per line fo	or (a), (b), and (c).]		Hagerst	own Mc	٩.	-	INTER	AL BETWEE	N H
		PART I. DEATH	H WAS CAUSED BY:					0 11 22					
		900.0	DUE TO	,	2 /	n	11						,
1		Conditions, if on	y, which) (b)	(endad .	The	rombore	-			1/	20	Spin-
		gove rise to immedi (a), stating the u		m	1		/					/	,
		couse fost.	(c)	0	celie	X	umenus				12	O de	See .
	Z	PART II, OTHI	ER SIGNIFICANT CONDI	TIONS CON	NTRIBUTING TO DEATH B	UT NO	RELATED TO THE TERM	AINAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 19	. WAS A	
)	CERTIFICATION										Y	ES 🗍	NO 🗌
	RTIF	200. EXTERNAL CAUS	SE WAS TRIBUTING (20b.	DESCRIBE	HOW INJURY OCCURRE	D. (Enle	r nature of injury in Pa	et t or Port II o	of item 18.)				
		CAUSE OF DEATH.		de	y down	1	Tops						
	MEDICAL	20c. TIME OF INJURY	Y Month, Day, Year	20d. IN	Not while 20e.	PLACE	OF INJURY (Home, far, street, office bldg., etc.	m. 20f. (City	gritown)	(Cou	inty)		(State)
	MEC	Hour a.m.	11-27 163		d of work	8	tome	Xty	enstron	The	ulin	76	my
		21. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry and in my											
		opinion deoth r	esulted from: N	atural co	ouses Accide	nt 🔲	, Suicide [],	Homicide	, Undete	rmined n	nanne		
ч			1 6	11	2 2								
		ACTUAL SIGNATURE	head	1	What		A.D. CHIEF MEDICAL E	EXAMINER [,	DATE SI	GNED
7		PVA ANIAIPRIA	7	_			ASSISTANT MEDIC	CAL EXAMINER			/	2//3	2/
L		EXAMINER'S NAME (Type)	THE	471	1108	1 8	DEPUTY MEDICAL	EXAMINER [k			119	59
	220	BURIAL, CREMATION REMOVAL (Specify)	1. 226. DATE THEREOF	2	TO NAME OF CEMETERY	OR CR	EMATORY	22d. LOCATI	ION (City, town,	or county)	1	State)
	F	emoval	12/22/59	Ana	tomy Board	d o	f Md	39 So	Greene	St I	Bal	timo	re
		FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			'D BY REGISTR	- 10	STRAR'S SIG			
1	A	ndrew K.	Coffman	Hage	rstown Md		DATE D	EC 23 '5	9 a	Thun S.	than	uş.	

CHETIFICATE OF DEATH		103/1695
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		THE REST LANS COURSE OF THE PARTY.
		ARTHUR MANAGEMENT
And the second s		
		James I
Company with the second		
Common when average		C. C. C. A. T. C.
	D THE STATE OF THE STATE OF	
MARKON ACCOUNTS ON THE PART AND		

within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

14238

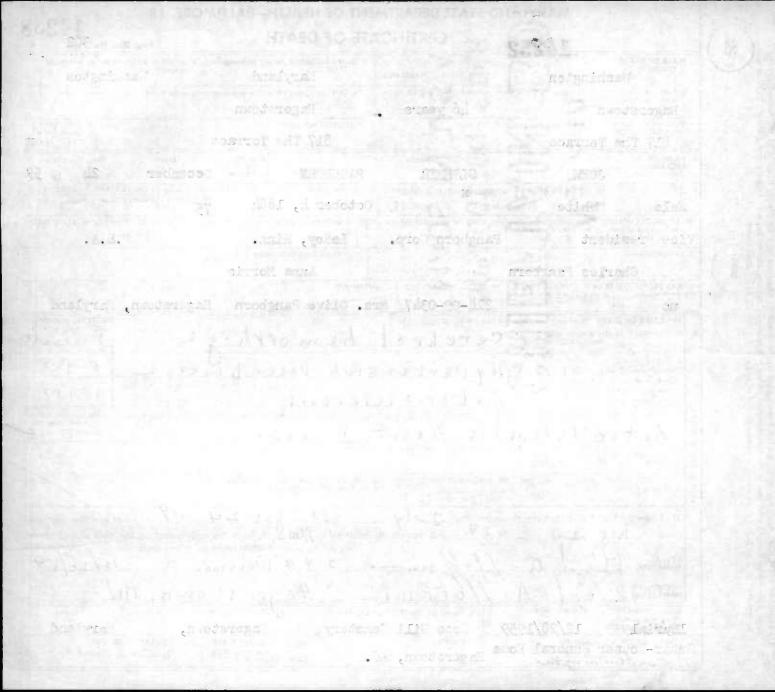
	1425	2	CERTIFIC	<u> </u>	. OI DEAII	•		Reg. Dis	t. No. 30	2
1. PLACE OF DEATH a. COUNTY Washi	ngton		MARYLANI		USUAL RESIDENCE (WHO STATE Maryla		d lived. If institution b. COUNTY		e before od	
b. CITY OR TOWN (If outs RURAL ond give nearest Hagerstown		, write	c. LENGTH OF STAY IN 11	6	c. CITY OR TOWN (IF of		prate limits, write RI	JRAL ond g	ive nearest	tawn)
d. NAME OF HOSPITAL (III OR INSTITUTION 817 The Te		e street	address)		d. STREET ADDRESS 817 The	Terra	ce		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First		Middle CLEMMER	P	Lost ANGBORN	4. DATE OF DEATH	December 1		Doy 24	Year 19 55
		7. MARR	IED NEVER MARRIED DIVORCED		tober 4, 1	884	9. AGE (In years last birthday) 75 yrs.	1	YEAR IF U	NDER 24 HR urs Min.
10a. USUAL OCCUPATION (Coduring most of working livery vice Presiden	ife, even if retired)		KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote LeRoy, Mil		ountry)		S.A.	AT COUNTRY
13. FATHER'S NAME				14	. MOTHER'S MAIDEN N	NAME	-75			
Charle	s Pangbor	n			Anna l	Morris	3			
1S. WAS DECEASED EVER IN (Yes, no, or unknown)	U. S. ARMED FORCI give war or dates of serv	rice)			MANT Olive Pan	gborn	Hagers		Maryl	and
Canditions, if ony, v gove rise to imme couse (a), stoting the <u>u</u>	DUE TO which (b)_diote	<u>C</u>	+ Perter	120	hemos	erh:	ner.	0	5 m	Tra.
PART II. OTHER SI OF CONTRIBUTING CONTRIBUTION CONTRIBUT	OS C/QV IDERLYING D 2 CAUSE OF DEATH	o t	CONTRIBUTING TO DEATH I	t	Direcs	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	1 4 3	EN IN PART	PE	AS AUTOPS'
Y 20c. TIME OF INJURY M Hour o. m. p. m.	Manth, Doy, Year	20d. In While of work	_ Not while _	PLACE foctory,	OF INJURY (Hame, farm street, office bldg., etc	n, 20f. (Cit)	y ar town)	(C	aunty)	(State
21. I certify that I alive an D.C.	attended the constant of the c	deceas , 19	- ~ /	M.D.	curred at 730 R	M, fram	the causes an irrect, city or town,	d an the	date sta	
22g. BURIAL, CREMATION, 2 REMOVAL (Specify)	12/28/19	59	22c. NAME OF CEMETERY Rose Hill		etery		TION (City, town, c	or county)	Maryl	(Stote)
23 FUNERAL DIRECTOR'S SIC		lome	ADDRESS Hagerstown,		24a. REC'	D BY REGIST	TRAR 24b. REGIS	STRAR'S SIG	NATURE	

TO FUNERAL DIRECTOR: After this certificate has been si page 3 should be detached for use as the burial-transit the registrar priar to burial, cremation, ar remayal, and TO HOSPITAL VS A1S (4) 15M 9/SB

23 FUNERAL DIRECTOR'S SIGNATURE SUPER-ROUZER FUNERAL Home

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

y the haspital ar attending physician.



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lon	M	1
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No. 13233 14253 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	PLACE OF DEATH	ashington		MARYLAND	a. STATE	arvlan		d. If institu				ission)
		If outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TO		7	limits, write			~ ~ ~ ~ ~	wn)
	Hagerst			Tife .	03	Hager	stown					
			If not in hos	pital, give street address)	d. STREET ADD							ESIDENCE
	Hotel	Hamilton			Hote	l Hami	lton	Sept.				A FARM?
	NAME OF DECEASED	Fi	rst	Middle	Last	4. D/	TE	Month		Doy	Y	'ear
	(Type ar print)	JOHN		EARL	POET	DE	ATH De	cembe:	r	17	1	9 59
5. 5	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 🖾 1	B. DATE OF BIRTH		9. AG	E (In years pirthday)	IF UNDER 1	-		
	Male	White	WIDOWED	DIVORCED	January 2	4, 188	9 7	O yrs.	Months D	ays	Hours	Min.
100	. USUAL OCCUPATI	ON (Give kind of work ng life, even if retired)	dane 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	(State or for	eign country)		12. CITIZ	EN OF	WHAT	COUNTRY?
			lorker	Aircraft Fac	Hager	stown,	Maryl	and		U.	S.A.	
	FATHER'S NAME				14. MOTHER'S MA	IDEN NAME						
	John !	E. P ^O et			Susa	n E. S	anders					
15.	WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16. S	SOCIAL SECURITY NO. 17. I	NFORMANT	V		Address		5.15		
1.0	Yes	Ilf yes, give war or dates of	22	20-10-3103 R	. William	Poet	Alex	andri	a, Va.			
		TH (Enter only one car TH WAS CAUSED BY:		ar (a), (b), and (c).]						INTERV	AND DE	EEN ATH
	976 X	IMMEDIATE CAUSE (a	· —					-				
	Canditians, if a	and subtable	le	Ital.	1111	111	44	DIR.	H .	en	2/2	1
	gave rise ta Imme	diate cause	Zivin	CANOL CIA PRO	y gran	my le	elf of	rence	27			** <u></u>
	(a), stating the cause last.	underlying DUE TO				'	, ,					
z		HER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT I	NOT RELATED TO THE	E TERMINAL D	ISEASE CON	DITION GIV	EN IN PART	1(a) 19	. WAS	AUTOPSY
CATION												RMED?
CERTIFIC	20g. EXTERNAL CA PRIMARY Tor CO CAUSE OF DEATH.	USE WAS TRIBUTING	b. DESCRIBE	HOW INJURY OCCURRED. (Enter nature of injury	in Part I ar F	Part II af item	1B.)				
	20c. TIME OF INJU	IRY Month, Day, Ye	or 20d, It	NJURY OCCURRED 20e. PLA	CE OF INJURY (Hom	ne. form. 20f	. (City or tow	m) /	(Caun	ityl	_	(State)
MEDICAL	Hour _o. m.		While	Nat white fact	lary, stybet, affice bld	ig., etc.)	16	*	1/6	0.	7	2.1
×	21 1 22 2 2 2	12-11	-	k at work	Home		- jui	442	Wash	mel	27	jug
			_	emains described abo				tian 🛂,		, L	and	find that
	death resulted	from: Natural	causes _	, Accident , Sui	icide 🛂, Hom	nicide [],	Undete	rmined c	ause			
	ACTUAL SIGNATURE	1. Ews	Dill		M.D. CHIEF MEDI	ICAL EXAMIN	ER 🔲			150	DATE S	IGNED
	EXAMINER'S NAME (Type)	FW)	7,7	of a		MEDICAL EXAMI			1	1/	13	3
220		ON, 226. DATE THERE	SF	22c. NAME OF CEMETERY OR	CREMATORY	22d.	LOCATION (City, tawn,	or county)		(State	e)
	REMOVAL (Specify Burial	12/21/19	59	Rose Hill Cen	netery	H	agerst	own,	Mary	lan	d	
23,	FUNERAL DIRECTOR	S SIGNATURE	77	ADDRESS		. REC'D BY R			TRAR'S SIGN	11		
K	ner-nous	er Funeral	Home I	Hagerstown, Ma	ryland o	ATEDEC 2	3 '59	an	Thur S. ?	Trave	4	

VS. A15ME(5) 5M 9/55

or removal.

marrial and must be designed by the second		nesur finas	
		Star Alice Victoria	
MEDIAL STREET, NO. of PARTY SERVICES			
		and the state of	all
Company Research Committee	COLT & Labor 1		
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in the second second with	•		
		_ town	
		To the state of	
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			0 7744 0 7744 1 10 10 10 10 10 10 10 10 10 10 10 10 10
			0 7744 0 7744 1 10 10 10 10 10 10 10 10 10 10 10 10 10

e. IS RESIDENCE

ON A FARM?

YES NO

Year

PERFORMED?

Md.

DATE SIGNED

(State)

and find that

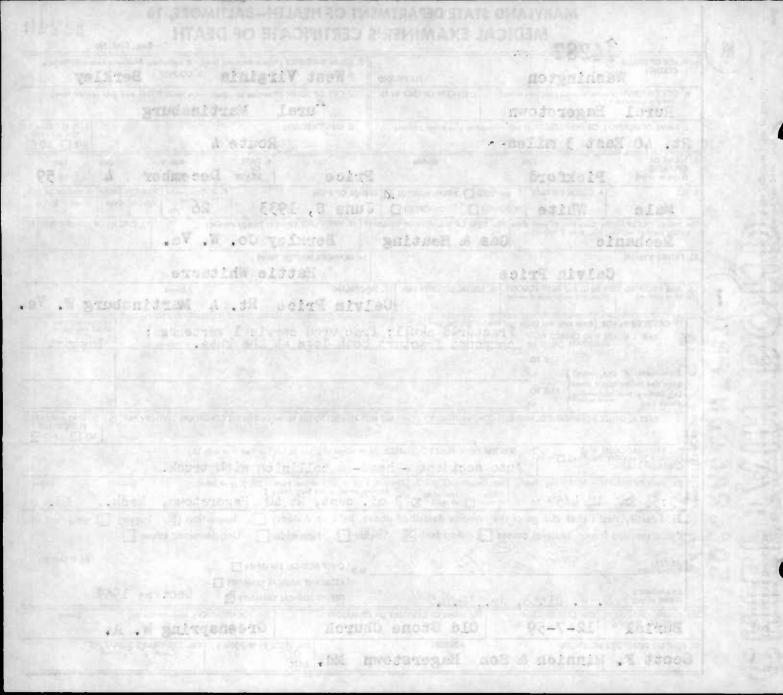
NO T

(State)

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VS. A15ME(5) 5M 9/55



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d. STREET ADDRESS

OOO TANTI

14255

b. CITY OR TOWN (If autside corporate limits, write

d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION

RURAL and give nearest tawn)

HAGERSTOWN

PLACE OF DEATH

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

Yrs

14242

funeral director, auld be filed with shauld

death. Page

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

3.	NAME OF DECEASED	Fire	1	Middle	Lo	ost 4.
	(Type or print)	SARAH	R	EBECCA	ROBII	NETTE
5.	SEX	6. COLOR OR RACE	7. MARRIED NEVER	MARRIED [B. DATE OF BIR	ТН
	FEMALE	WHITE	WIDOWED D	IVORCED [APRIL	4, 187
100	during most of wor	ON (Give kind of work of king life, even if retired)	ane 10b. KIND OF BUSI	NESS OR INDI	USTRY 11. BIRTHE	PLACE (State or f
		TIES	HOUSE	WORK	OLI	DTOWN,
13.	FATHER'S NAME				14. MOTHER	S MAIDEN NAM
	JOHN Y	W. DAVIS		TO CO	M	ARTHA A
19	WAS DECEASED EVE	R IN U. S. ARMED FORG		RITY NO. 17.	INFORMANT	
_ /	NO		NONE		ALBERT	HARRIS
		ATH [Enter only one car	se per line for (b).	and (c).]	6	1
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Chr	onu	c Cn	do-Co
	421.4	DUE TO				
	Canditians, if a					
	gave rise to i	mmediate (
		the under- DUE TO				
	cause (a), stating lying cause last.	the under- DUE TO				
NOI	cause (a), stating lying cause last.	The under-	DITIONS CONTRIBUTING	TO DEATH BU	JT NOT RELATED TO	O THE TERMINAL
ICATION	Lying cause last. PART II. OT	HER SIGNIFICANT CONE				
CERTIFI	cause (a), stating lying cause last. PART II. OTH 20a. ACCIDENT W/ OR CONTRIBUTING	HER SIGNIFICANT CONE	DITIONS CONTRIBUTING			
CERTIFI	cause (a), stating lying cause last. PART II. OTH 20a. ACCIDENT WAOR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW IN	IJURY OCCURR	RED. (Enter nature	af injury in Part
MEDICAL CERTIFICATION	cause (a), stating lying cause last. PART II. OTH 20a. ACCIDENT W/ OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIBE HOW IN	IJURY OCCURR	RED. (Enter nature	af injury in Part
CERTIFI	cause (a), stating lying cause last. PART II. OT: 20a. ACCIDENT WAOR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Haur o. m.	AS UNDERLYING COLOR AS UNDERL	20b. DESCRIBE HOW IN r 20d. INJURY OCCUR While Not while	IJURY OCCURR	RED. (Enter nature	af injury in Part
CERTIFI	cause (a), stating lying cause last. PART II. OTH 20a. ACCIDENT W./ OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Haur o. m. p. m.	AS UNDERLYING COLOR AS UNDERL	20b. DESCRIBE HOW IN r 20d. INJURY OCCUR While Not while at wark at wark deceased from	HURY OCCURR	PLACE OF INJURY factory, street, affic	af injury in Part (Hame, farm, te bldg., etc.)
CERTIFI	200. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY 201. I certify the alive on	AS UNDERLYING COLOR AS UNDERL	20b. DESCRIBE HOW IN r 20d. INJURY OCCUR While Not while at wark at wark deceased from	HURY OCCURR	PLACE OF INJURY factory, street, affic	af injury in Part (Hame, farm, te bldg., etc.)
CERTIFI	200. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY 20. TIME OF INJUR Hour o. m. p. m.	AS UNDERLYING COLOR AS UNDERL	20b. DESCRIBE HOW IN r 20d. INJURY OCCUR While Not while at wark at wark deceased from	HURY OCCURR	PLACE OF INJURY factory, street, affic	af injury in Part (Hame, farm, te bldg., etc.)
CERTIFI	cause (a), stating lying cause last. PART II. OTH 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the clive on ACTUAL SIGNATURE PHYSICIAN'S	AS UNDERLYING COLOR AS UNDERL	20b. DESCRIBE HOW IN r 20d. INJURY OCCUR While Not while at wark at wark deceased from	HURY OCCURR	PLACE OF INJURY factory, street, affic	af injury in Part (Hame, farm, te bldg., etc.)
MEDICAL CERTIFI	cause (a), stating lying cause last. PART II. OTH 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Haur o. m. p. m. 21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) TY Manth, Day, Year 19 To attended the Cause of Death Medical Examiner) The distribution of the Medical Examiner of the Medi	20b. DESCRIBE HOW IN r 20d. INJURY OCCUR! While Not while at wark deceased from. 1927, and R R	HURY OCCURRED 20e. P for	PLACE OF INJURY factory, street, affice the accurred at M.D	(Hame, farm, te bldg., etc.)
MEDICAL CERTIFI	cause (a), stating lying cause last. PART II. OTH 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour o. m. p. m. 21. I certify the clive on ACTUAL SIGNATURE PHYSICIAN'S	AS UNDERLYING AS UNDERLYING AS UNDERLYING AS UNDERLYING BE CAUSE OF DEATH MEDICAL EXAMINER) BY Manth, Day, Year 19 O attended the Company of the Company o	20b. DESCRIBE HOW IN r 20d. INJURY OCCUR! While Not while at wark deceased from. 1927, and R R	HURY OCCURRED 20e. P for	PLACE OF INJURY factory, street, affice the accurred at M.D	(Hame, farm, te bldg., etc.) ADD ADD ADD ADD ADD ADD ADD A
MEDICAL CERTIFI	cause (a), stating lying cause last. PART II. OTH 20a. ACCIDENT WAOR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURE Hour o. m. p. m. 21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 2. BURIAL, CREMATIO REMOVAL (Specify)	AS UNDERLYING COME CAUSE OF DEATH MEDICAL EXAMINER) TY Manth, Day, Year 19 To attended the Company of the com	20b. DESCRIBE HOW IN 20d. INJURY OCCUR While Not while of work of work deceased from	RED 200. P. C. P. C. P. C. P. AUI.	PLACE OF INJURY factory, street, affice the accurred at M.D	(Hame, farm, te bldg., etc.) To ADD ADD ADD TERY
MEDICAL CERTIFI	cause (a), stating lying cause last. PART II. OTH 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR Haur o. m. p. m. 21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	AS UNDERLYING COME CAUSE OF DEATH MEDICAL EXAMINER) TY Manth, Day, Year 19 TO attended the COME COME COME COME COME COME COME COME	20b. DESCRIBE HOW IN 20d. INJURY OCCUR! While Not while at wark deceased from. 19 2 9 600 Record 22c. NAME C	RED 200. P. C. P. C. P. C. P. AUI.	PLACE OF INJURY factory, street, affice the accurred at M.D	(Hame, farm, te bldg., etc.) ADD ADD ADD ADD ADD ADD ADD A

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY WASHINGTON c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) HAGERSTOWN MD. e. IS RESIDENCE ON A FARM? ALE YES NOT DATE Day Manth Year DEATH DECEMBER 1959 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs 12. CITIZEN OF WHAT COUNTRY? areign country) U.S.A. RNOLD Address LANVALE ST., INTERVAL BETWEEN ONSET AND DEATH DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO I ar Part II of item 18.) Of. (City or town) (County) (State) 1957, that I lost saw the deceased I, fram the causes and on the date stated above LOCATION (City, tawn, ar county) (State) 24b. REGISTRAR'S SIGNATURE REGISTRAR 159 arthur S. Krays

Reg. Dist. No.

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14256 CERTIFICATE OF DEATH

14243 Reg. Dist. No.

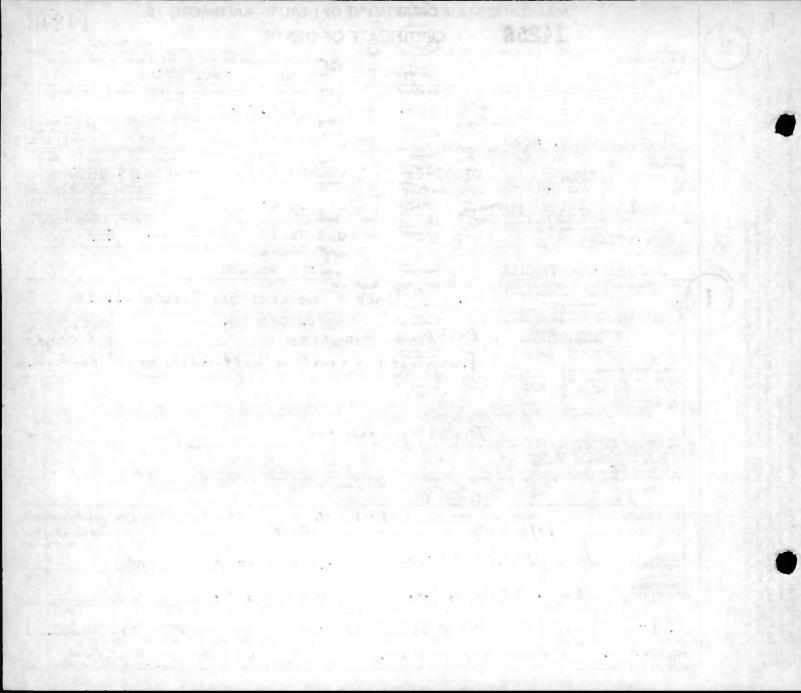
1. PLACE OF DEATH . COUNTY Washing	ton		MARYLANI	O. STATE	ENCE (Where deceased and	ed lived. If institut		efore admission	on)
b. CITY OR TOWN	(If outside corporate limit	s, write c. l	LENGTH OF STAY IN 1	c. CITY OR TO	OWN (If outside corp	porate limits, write l	RURAL ond give	nearest town)	
RURAL ond give n	stown	11-12	2 Mos.	og Has	gerstown				
d. NAME OF HOSPI	TAL (If not in hospital, gi	ive street oddr	ess)	d. STREET AL				e. IS RESI	
OR INSTITUTION	Conv. Ho	me		1010 08	k Hill A	ve		ON A	
3. NAME OF			441.11						
DECEASED (Type or print)	EMMA		Middle IRGINIA	ROESSN	ER 4. DATE OF DEAT	H Decem	ber 7]	1959 1	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER 1 YE	AR IF UNDER	R 24 HRS
Feamle	white	WIDOWED [DIVORCED [July :	12 1876	83 yrs.	Months Day	s Hours	Min.
10a. USUAL OCCUPATION during mast of wor Housewi	ON (Give kind of work drking life, even if retired)		o of Business or in which Home		CE (State or foreign			OF WHAT CO	DUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME				
Johr	Cunningh	am		Sar	ah Gordo	n			
P	ER IN U. S. ARMED FORG	CES? 16. SOC		ohn W Ro	essner 5		on Cir	cle	
	ATH [Enter only one cou ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	C	less bond	Thrombo		M. (0	SET AND	DEATH
Conditions, if c gave rise to couse (o), stoting lying couse lost.	the under-	0	rurmlize.	d x ermi	lime as t	erosele	vis	Muk	uvu
PART II. OT 200. ACCIDENT W. OR CONTRIBUTING U (IF EITHER, NOTIFY	HER SIGNIFICANT CONE		ributing to death i		THE TERMINAL DISEA	SE CONDITION GI	VEN IN PART 1(a	PERFOR	NO P
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	E HOW INJURY OCCUP	RRED. (Enter noture of	injury in Port I or Po	art II of item 18.)			
20c. TIME OF INJUI Hour a. m. p. m.		r 20d. INJUR While at work □	Not while	PLACE OF INJURY (H factory, street, affice		ty or town)	(Caun	ty)	(State
21. I certify the alive an actual signature PHYSICIAN'S	latended the 1716	1959 Hon	and that dec	M.D. 154	AJT.M. from ADDRESS West Wash	the causes are Street, city or town, a ington S	nd an the do , stote)	ate stated	
NAME (Type)	John H. H	lornbak	er, M.D.	Hage	erstown, 1	ld.			
220. BURIAL, CREMATIC		F 22	c. NAME OF CEMETER			ATION (City, tawn,	or county)	(Stote	:)
REMOVAL (Specify Burial	12/9/59	P	ose Hill	Cemetery	Has	gerstown	Wash	Co Mo	1.
23. FUNERAL DIRECTOR		* ,	ADDRESS		24a. REC'D BY REGI	STRAR 24b. REG	ISTRAR'S SIGNA		

deoth. Poge 4 TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours.

te hos been signed by the ottending physicion ond completely filled in by the funeral director, burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with removal, and in any event within 72 hours after death. TO HOSPITAL OF STENDING PHYSICIAN: The low requires that the may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 should be detached for use as the burial-transit permit. Then the registror prior to burial, cremation, or removal, and in any event

VS A15 (4) 15M 9/5B



death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL

VS A1S (4) 15M 9/S8

may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEPTIFICATE OF DEATH

	14257	CERTIFICA	ATE OF DEATH	l R	eg. Dist. No.302
	o. COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased lived. If institution:	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporote limits, write RURA	0
	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION 230 N. Potomac Street	address)	d. STREET ADDRESS 108 West Nor	th Street	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First DECEASED (Type or print) JAMES	Middle CASSIOUS	RUTHERF ORD	4. DATE Month OF DEATH December	5 19 59
ł	6. COLOR OR RACE 7. MAR male colored widow		8. DATE OF BIRTH December 24,	lost hirthdox	UNDER 1 YEAR IF UNDER 24 HRS Ionths Days Hours Min.
		kind of Business or Indu Private home	Charlesto	wn, W. Va.	12. CITIZEN OF WHAT COUNTRY
	3. FATHER'S NAME John William Rutheri	Cord	14. MOTHER'S MAIDEN N	mi Fields	
	(bs., no, or unknown) (If yes, give war or dates of service) Yes T (If yes, give war or dates of service)		NFORMANT Linda R. Love	Address Charles town	, W. Virginia
	PART I. DEATH Enter only one couse per li PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO	terio Sclerolic		with acut	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO	sided Heart f	ailure		
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition given	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
ı	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	Port I or Port II of item 18.)	
	Hour o. m. While		ACE OF INJURY IHome, form, ctory, street, office bldg., etc.	20f. (City or town)	(County) (State
	21. I certify that I attended the decearative an 19	20	accurred a 241	M, fram the causes and ADDRESS (Street, city or town, sto	on the date stated above
	PHYSICIAN'S FFLUSBY		Hager	strum	90001
1	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) R1171a1 12/9/1959	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or c Charlestown,	W. Virginia
12	3. FUNERAL DIRECTOR'S SIGNATURE SUBT-Rouzer Funeral Home	ADDRESS	24a. REC'I	BY REGISTRAR 24b. REGISTR	AR'S SIGNATURE

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PLACE OF DEATH

NAME OF

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DECEASED

(Type or print)

NASHINGTON

b. CITY OR TOWN (If autside carporate limits, write

REATHEDSVILLE - KURAI d. NAME OF HOSPITAL (If nat in haspital, give street address)
OR INSTITUTION

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6. COLOR OR RACE

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RURAL and give nearest tawn)

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IFIC	ATE OF DEATH	1	IORE, T	Reg. Dist. N		247				
YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) o. STATE b. COUNTY WASHINGTON									
Y IN 1b	c. CITY OF TOWN (IF	autside carporate li	imits, write RU	RAL and give I	nearest tawr	1)				
2\$	XBREATHE	DSVILLE	- 121	URAL						
	BOONSBOK	20 MD.	12.1		e. IS RES ON A YES	FARM?				
е	Last	4. DATE OF	Manti	1	Day	Year				
5	SCUFFINS	DEATH DE	CEMISE	ER - 2	8.	1959				
RIED 🔲	B. DATE OF BIRTH	9. AC	GE (In years	IF UNDER 1 YE	-					
ED 🔲	DECEIMBER -18	.1878	Y/ yrs.	Manths Day	s Haurs	Min.				
OR INDU	0	ar fareign country)	12. CITIZEN	OF WHAT	OUNTRY?				
	PALIMERSVI	ILLE WA	C11 0 .	Jan 1	1.S.A					
	14. MOTHER'S MAIDEN N		to be I de	CIRCLE	AISILE					
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1305	artero	Jeleno	7'S -		5 yes	m_				
EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	NDITION GIVE	N IN PART 1(a		AUTOPSY RMED? NO 🛣				
OCCURRE	D. (Enter nature of injury in	Part I ar Part II af	item 18.)							
	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc		wn)	(Count	ly)	(State)				

during mast af warking life, even if retired) -ABORFIR 13. FATHER'S NAME 16. SOCIAL SECURITY N 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED Haur a. m. While Nat while at wark at wark p. m. December, 1929, that I last saw the deceased March 1959, to 21. I certify that I attended the deceased fram. and that death accurred at 6.15 P.M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 21 North Main Street SIGNATURE PHYSICIAN'S Joseph Secondar NAME (Type) Boonsboro, Maryland 22b. DATE THEREOF 22d. LOCATION (City, tawn, or caunly) 22a. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) EC.31.1959 OONSBORM 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR DOONSBORD DATE AN 4

he registrar prior VS A15 (4) 1SM 9/SB

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 142 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14248

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE Md. Washington									
b. CITY OR TOWN (I and give nearest town Has	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3 Hagerstown									
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Wash. Co. Hospital				d. STREET ADDRESS 124 John St.,				e, IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	First Mary		Middle E	Shoemaker	4. DATE OF DEATH	Month		7	Year 19 59	
female		7. MARRIE		3. DATE OF SIRTH 1-14-1887		9. AGE (In years lost birthday) 72 yrs.	IF UNDER 1YE Months Day		DER 24 HRS. Min.	
during most of working	ON (Give kind of work doing life, even if retired) Sewife	one 10b. K	nd of Business or Indus	-7	pring,	4 4 9	12. CITIZEN	USA	COUNTRY	
	ER IN U. S. ARMED FOR (If yes, give wor or dates of se	rrvice	SOCIAL SECURITY NO. 17. 18-30-9982	Rose NFORMANT Sylvester S	Myers hoemak	Address er Hag	gerstow	a, Md.		
CATIC	diate cause DUE TO (c)_HER SIGNIFICANT COND		Restance Canada Stem				EN IN PART 1(c	3 4 To 19. WAS PERFO	AUTOPSY ORMED? NO	
_	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Haur a. m. White Not white									
	from: Natural c		emains described abo	ove, held an Autop icide, HomicidM.D. CHIEF MEDICAL E ASSISTANT MEDIC DEPUTY MEDICAL	e , UI	7/	Inquity [cause].		find the	
220. BURIAL, CREMATIC REMOVAL (Specify) DUT LAI	12-15-59		22c. NAME/OF CEMETERY OR	CREMATORY		TION (City, fown, orstown	or county) rural	(Sto		
23. FUNERAL DIRECTOR Fred W. Kra		stown	ADDRESS Md.		C 1 5 '59		STRAR'S SIGNA	TURE		

VS. A15ME(5) 5M 9/55

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TO HOSPITAL

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Rea. Dist. No.

	14606							
1. PLACE OF DEATH o. COUNTY	Washingto	n	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla	100	COUNTY	sidence befor	
RURAL ond give n	If outside corporate limits, earest town)	write c. LENGTH C	Days	c. CITY OR TOWN (If o	utside corporate lin	nits, write RURAL o	and give near	rest town)
OR INSTITUTION	TAL (If not in hospital, given grant Co. Ho			d. STREET ADDRESS	onnon A	ve		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Charles	Albe	Middle ertus	Smi th	4. DATE OF DEATH DE	Month	3 198	,
s. sex Male	6. COLOR OR RACE 7		MARRIED	B. DATE OF BIRTH June 26 19	- lost	birthdoy) Mont		Hours Min.
10a. USUAL OCCUPATION during most of wor MOUL de 13. FATHER'S NAME	king life, even if retired)	Pangborn		Hagerstow	n Wash		CITIZEN OF	WHAT COUNTRY
	eles A. Smi	th		Hattie	Kessel	ring		
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCE (If yes, give wor or doles of servi	57 16. SOCIAL SECUI		INFORMANT		Address 19 No C	annoi	n Ave
Conditions, if or gove rise to it couse (o), stoting lying couse lost. PART II. OTH	mmediate the under- (c)_	TIONS CONTRIBUTING	TO DEATH BUT	LINOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN	PART 1(o) 15	9. WAS AUTOPSY PERFORMED?
(IF EITHER, NOTIFY	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE HOW IN	JURY OCCURRE	ED. (Enter noture of injury in I	Port 1 or Port 11 of	item 18.)		
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Doy, Year 19	20d. INJURY OCCUR While Not while of work of work	6.0	ACE OF INJURY (Home, farm ctory, street, office bldg., etc	, 20f. (City or to	vn)	(County)	(Stote)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	and I attended the of the second of the seco			m accurred at A		auses and on		
220. BURIAL, CREMATIC REMOVAL (Specify) BUT181 23. FUNERAL DIRECTOR	12/6/59	Rose		Cemetery	Hagers	City, town, or count town Wa	sh Co	(Stote)
Andrew K.		ADDRES Hagerstov			DEC 8 '59	24b. REGISTRAR'S	4 8. Ku	

death. Page 4

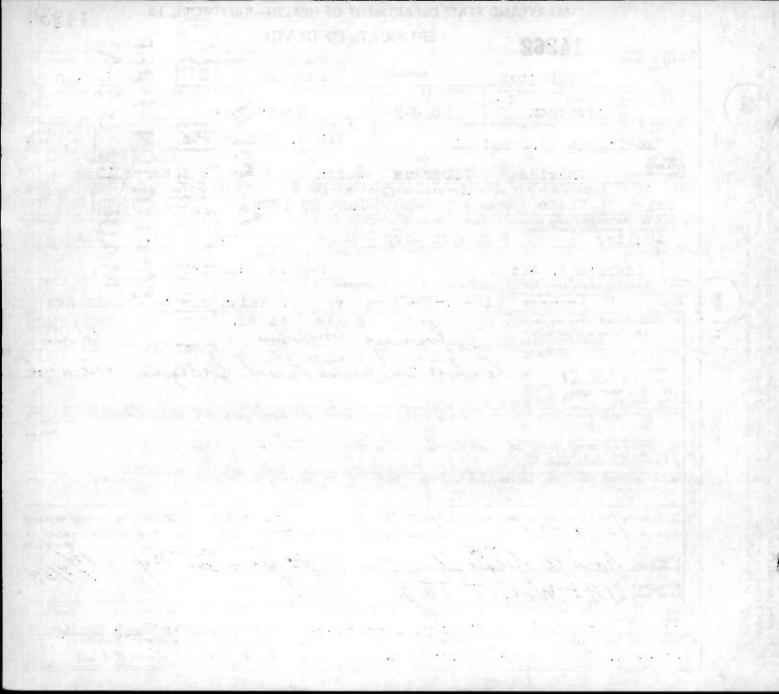
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may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL of may be retained

VS A1S (4) 1SM 9/SB



within 72 haurs

crematian, ar remayal, and in any event

(State)

1,963	CERTIFICATE	OF	DEATH

		17.01	0.0	CERTIFIC	ATE OF DEATH	1		Reg. [Dist. No	302	
1.	PLACE OF DEATH a. COUNTY Washin	gton	00	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Larvland	0.00	b. county	on: Reside	ence befo	re odmiss	ion)
	b. CITY OR TOWN (If RURAL and give ned	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	utside carpo	orote limits, write R	URAL ond	give ne	arest town)
	Hager	4		4 Years	03 Hagerst	own			323		
]	d. NAME OF HOSPITA OR INSTITUTION CEAR 276	AL (If not in haspital, g So Potoma			/ d. STREET ADDRESS rear 276 So	Pot	omac St				IDENCE FARM? NO [C]
3.	NAME OF DECEASED (Type or print)	VIOLA		MAY	SNYDER	4. DATE OF DEATH	Decemb	er 2	_	959 1	
5.	. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDE Months	R 1 YEAR	IF UNDE	R 24 HRS. Min.
	Fenale	White	WIDOW	ED DIVORCED	March 3 19	00	59 yrs.	MOIIIIZ	Days	nours	Min.
	Housewif	ng life even if retired	1	KIND OF BUSINESS OR IND OWN Home	ustry 11. BIRTHPLACE (Stote Four Loc		ash Co	12.Cl	USA	WHATC	OUNTRY?
13	. FATHER'S NAME				14. MOTHER'S MAIDEN N						
L	Luther				Minnie	May	Myers	-			
15	S. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s	ervice)		INFORMANT Lewis F. Sny	der	276 So	ress Pot	toma	o S	t
		TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	Ac	ne for (a), (b), and (c).]	jaldu fanc	m Ma	w		INT		TWEEN
	gave rise to in couse (o), stoting t lying cause lost.	mediate (1	-	No.			7	
CERTIFICATION	PART II. OTH		,	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	/EN IN PA	ART 1(o)	PERFO	AUTOPSY RMED?
CERTIE	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Port I or Po	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Yes	20d. II While of wor	Not while	PLACE OF INJURY (Hame, farm actary, street, office bldg., etc.		y or town)		(County)		(Stote)
	21. I certify the olive on	of Lottended the	deceas	ed from /2/2. , ond that deal	12/ 4 -		the causes on Street, city or Jown	d on th		stoted	
	PHYSICIAN'S NAME (Type)	1	1	1	- M. J. 4-17-17-17	1	-17-W		-1-0	1-5-/	14-1-

HAME OF CEMETERY OR CREMATORY

Cemetery

Rest

Coffman Hagerstown Ld.

22. LOCATION (City, town, or county)

246. REGISTRAR'S SIGNATURE

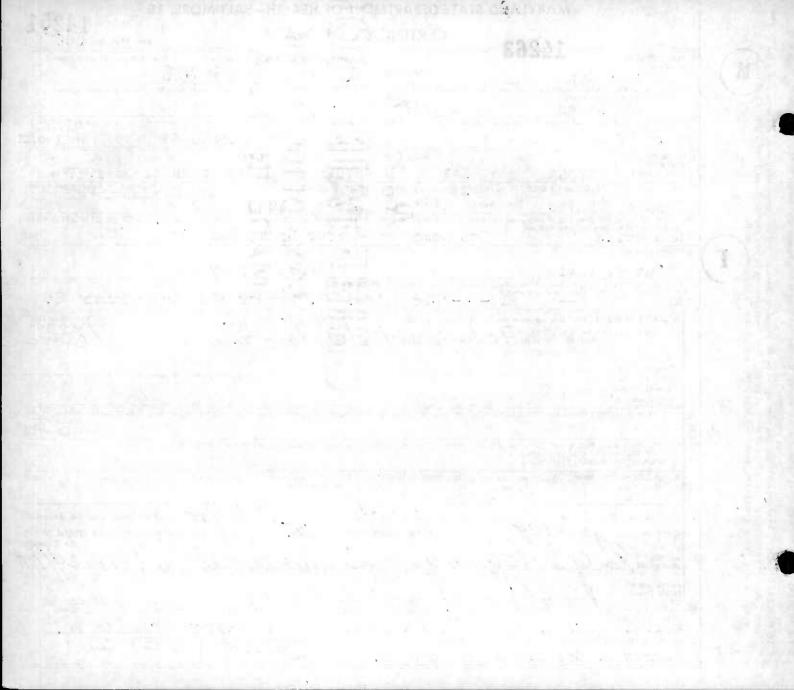
24a. REC'D BY REGISTRAR 24b

the registrar priar ta burial, TO HOSPITAL VS A15 (4) 15M 9/5B

220. BURIAL, CREMATION, 22b. DATE THE RED REMOVAL (Specify) BUT18.1 12/26/59

23. FUNERAL DIRECTOR'S SIGNATURE

Andrew K.



CERTIFICATE OF DEATH

14252

d.

73903	Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY Hancock Wash Co MARYLAND	2. USUAL RESIDENCE (Where deceased lived. II institution: Residence before admission) o. STATE Md b. COUNTY Allegany
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hancock	Cumberland. 01-82-2
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
Hancock Rest Home	573 Arnett Terrace VES NO X
3. NAME OF DECEASED (Type or print) GRACE ELIZABETE	A STEIN 4. DATE Month Dec. Pay Year 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Fem White WIDOWED DIVORCED	Oct 19, 1884 lost birthdoy) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most af warking life, even if retired) Housewife Own home	Cumberland, Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jesse F. Young	Amanda Long
	INFORMANT Address Cumberland. A
	. George T. Stein 573 Arnett Terrace
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5 TROKE	11 HRS.
334X DUE TO	
Conditions, if any, which) (52 nerd/128d	Arteriosclevosis 20 YRS
gave rise to immediate couse (a), stoting the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
3 Fracture Left hip	PERFORMED? YES NO PA
W OR CONTRIBUTING M CAUSE OF DEATH	ED. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o. m. While _ Not while _	octory, street, office bldg., etc.)
p. m. Ole 193 / ol work at work	on 2 Cumberland Allegany Mo
21. I certify that I attended the deceased from Dec. 2	2, 1959, to, 19, that I last saw the decease
alive an Dec. 22, 19 59, and that death	occurred at 10:45 CM, from the causes and an the date stated above
1 1 1 1 - 22 0	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Frank P / homes ID MID.	Mp. 121 High Street Dec. 23, 1959
PHYSICIAN'S	VY
	Hancock, Maryland
226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	(3,016)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cemetery Cumberland, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George Cumberland. N	Id. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
ondition of the contract of the terms of the contract of the c	Id. DATE DEC 28'59 Cultury 2. Turns

may be retain the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after death. death. Page 4 TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs TO HOSPITAL C VS A15 (4) 15M 10/57

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	The same of the same		27	
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	e) and mark of Table 127 in the case of			
	TOTAL STATE	Marie Establish		

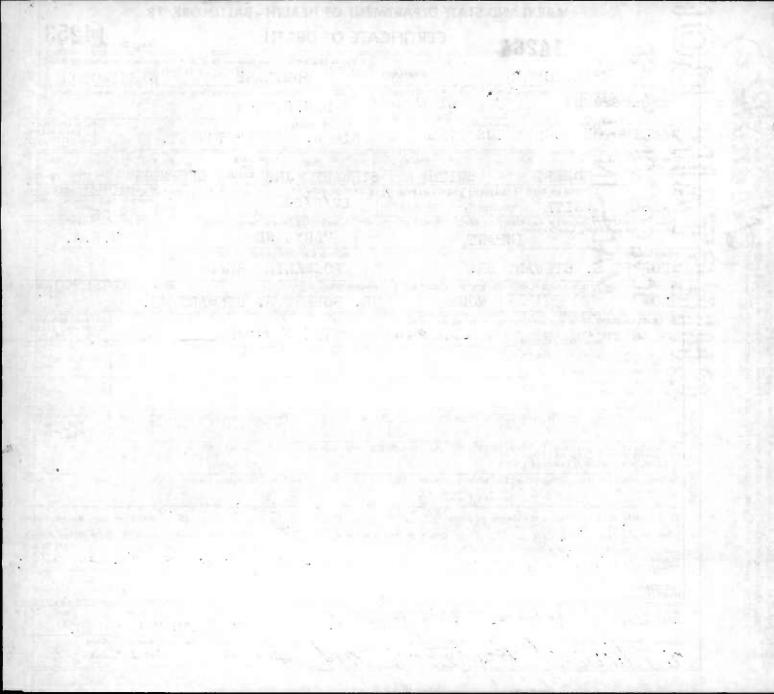
MARYLAND ST	ATE DEPARTMENT OF HEALTH—BALT	MORE, 18
14264	CERTIFICATE OF DEATH	R

CERTIFICATE OF DEATH

14253

	14264	021111110			Reg. Dist.	No.
. PLACE OF DEATH o. COUNTY WASE	HINGTON	MARYLAND	2. USUAL RESIDENCE (WI o. STATE MARY:	h. CC	Institution: Residence DUNTY WASHII	
b. CITY OR TOWN (If o	outside carporate limits, write astifown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF CO.) 3 HAGERS	autside carporate limits, TOWN	write RURAL and give	e nearest tawn)
THOUTHER AN	ON COUNTY HO	SPITAL	618 W. WA	SHINGTON	ST.	e. IS RESIDENCE ON A FARM?, YES NO
NAME OF DECEASED (Type or print)	First ROBERT	Middle SMITH	STEWART JR	4. DATE OF DEATH DE	Month CEMBER	Day Year 30 19 59
MALE	WHITE WIDOW	HED NEVER MARRIED 🔏	8. DATE OF BIRTH 12/5/59	9. AGE (In last birt	hday) Manths Do	YEAR IF UNDER 24 HRS bys Haurs Min.
a. USUAL OCCUPATION during most of working	(Give kind of work dane 10b. g life, even if retired) INFA		USTRY 11. BIRTHPLACE (State MARYLA)			NOF WHAT COUNTRY
ROBERT :	S. STEWART S	R.	14. MOTHER'S MAIDEN IN ROSEALI			
	ves, give war or dates of service!	SOCIAL SECURITY NO.	INFORMANT MR. ROBERT	S. STEWAR		GERSTODN
Canditians, if any gave rise to imm cause (a), stating the lying cause last. PART II. OTHER 20a. ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY MI	nediate (DUE TO	CONTRIBUTING TO DEATH BL	JT NOT RELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN PART I	(a) 19. WAS AUTOPS PERFORMED? YES - NO
20g. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY MI	CAUSE OF DEATH EDICAL EXAMINER)		RED. (Enter noture of injury in			
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year 20d. II 19 While at war	k at wark	PLACE OF INJURY (Hame, farm factory, street, affice bldg., etc.		(Cau	inty) (Stat
21. I certify that alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	1 attended the decease 19 Medicina	~	, 1999, to the accurred at 477	M, fram the caus ADDRESS (Street, city a	ses and an the c	saw the decease date stated abov DATE SIGNE MH44 (12/3)
G. BURIAL, CREMATION,	22b. DATE THEREOF 12/31/59	22c. NAME OF CEMETERY ROSE HIL	OR CREMATORY L CEM.	22d. LOCATION (City, HAGERS)		(State)
FUNERAL DIRECTOR'S	SIGNATURE HO	ADDRESS ALSO LALL	240. REC	100	6. REGISTRAR'S SIGN	

VS A15 (4) 15M 9/58



M

DR. DITTO

0

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1429 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	-					
		PLACE OF DEATH			deceased lived. If institution: Reside	ence before admission)
	0	WASHINGTON	MARYLAND	O. STATE MARIS 4 4	AND b. COUNTY WAS	HINGTON
)	b	. CITY OR TOWN (If outside corporate limits, write RURAL C.	LENGTH OF STAY IN 16	تناك والمتفرق مخرج لنه المستحصوص	de corporate limits, write RURAL and	d give nearest town)
		MT LENA - RURAL	LIFE	X MT: LE	NA - RURAL	
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospito		A. STREET ADDRESS	IXIA ITVICAC	e. IS RESIDENCE
X		BOONSBORD MD. R.	2	1300NSBOIS	60 MD, 12,2,	YES NO
-		NAME OF First	Middle	Lost 4. Da	ATE Month	Day Yeor
		Tunn on milet	ILSON STO	TTLEMVER	ATH DECEMBEL	2. 25.19.59
	5. 5	1	Control of the last of the las	DATE OF BIRTH	9. AGE (In yours IF UNDER	
		MACE WHITE WIDOWED	DIVORCED T	EB-4-191		Days Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KIND	O OF BUSINESS OR INDUSTR			IZEN OF WHAT COUNTRY?
		uring most of working life, even if retired)	IIII A AIVARA	DAT I FALL I	MACH A. MAD I	
1		HEFT METAL WORKER HAIRE	LHILD ALKCRAF	14. MOTHER'S MAIDEN NAME	MASH, CO. MID.	(05 4)
1						
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC	CIAL SECURITY NO LIZ IN	FORMANT	Address	
	(Yes,	no, or unknown) (If yes, give war or dates of service)			0	
				S.MILDRED ST	OTTLENIFIZ DO	ONSBOROMD (12
		18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	(a), (b), ond (c).]			ONSET AND DEATH
		IMMEDIATE CAUSE (o)				
		976X DUE TO	0/	110		~ /
		Conditions, if ony, which) (b) Yu	what he	rund of The	-	easting
		gave rise to immediate cause (a), stating the underlying DUE TO	Mal	0/100		DO THE COLUMN
		couse last. (c)	Self -	Tapuces		
-	Ž	PART II, OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINALD	ISEASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED?
7	CATION					YES NO
	CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING TO		ter nature of injury in Part or	or Worksom 18.)	
		CAUSE OF DEATH.	eff rous :	30-30 Rufle	1,000	
	MEDICAL			E OF INJURY (Home, form, 2007), street, office bldg., etc.)	(Cily or town) / Ra 2 (Cg)	unty) (State)
	MED	Heur o. m. /2-23 1839 of work [Not while at work	Home /	Boonestow Wa	el. my
		21. I certify that I took charge of the rem	noins described abov	e, held an Autopsy	, Inspection Z Inquir	y \ ond in my
		opinion deoth resulted from: Natural cau				
			X	J, conclude [2], troiling		
		ACTUAL A TOTAL	1/2 2	CHIEF MEDICAL EXAMIN	ER 🗀	DATE SIGNED
		SIGNATURE THE CONTRACTOR		M.D. ASSISTANT MEDICAL EXAMIN	MINER []	2-26-50
2		EXAMINER'S THE WATER	702	DEPUTY MEDICAL EXAMI	NER 2	50
	220.		. NAME OF TEMETERY OR	REMATORY 22d.	LOCATION (City, town, or county)	(State)
	1	BORIAL DEC 27, 1959 N	VITILENA CE	METERY M	TILENA WASH, C	n.MD.
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY I	the state of the s	GNATURE
	1	Jahn 10. 15001 13001	NSBORD MP	DATE DEC	31 '59 archun	S. Kraus

A WENTER BEAUTIFUL DESCRIPTION OF DEPTH OF THE ON THE ON THE PARTITION OF THE ON THE O

AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR The state of the s

TATE SEATE

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HE	ALTH-BALTIMORE, 18
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14265 CERTIFICATE OF DEATH

Rea. Dist. No. 30255

	shington		MARYL	AND	a. STATE	aryl		b. COUNTY		e before or	
b. CITY OR TOWN RURAL and give Hagerstov		its, write	c. LENGTH OF STAY I	N 1b	. ~		utside corpora	te limits, write RU	JRAL and g	ive nearest	tawn)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, o				d. STREET ADDI	RESS	ington	Ave.		0	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	WILLIAM	rst	Middle EDGAR	Ja	STOUT		4. DATE OF DEATH	Decembe		Day 14	Year 1959
5. SEX male	6. COLOR OR RACE	7. MARE	NEVER MARRIES		anuary 2	6. 1	905	AGE (In years last birthday)			INDER 24 HRS
Oa. USUAL OCCUPAT during most of wa Clerk 3. FATHER'S NAME	FION (Give kind af wark arking life, even if retired	dane 10b.	KIND OF BUSINESS OF Railroad	INDUSTRY	11. BIRTHPLACE	(State of	or foreign cou	ntry) nsylvan		J.S.A.	AT COUNTRY
T.e	ewis Stout			300	Li	za V	Volfe				
The second secon	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFO	RMANT			Addr	ess		
no or unknown;	jir yes, give wor or dates or i		05-10-5658	Mrs	Grace	Stor	ıt	Hagersto	own. N	aryla	nd
	immediate DUE TO g the <u>under-</u> t. (c) THER SIGNIFICANT CON	DITIONS (EN IN PART	PI	AS AUTOPS ERFORMED?
	VAS UNDERLYING [IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY OC	CURRED. (I	enter nature of in	jury in r	an I ar ran I	i at item to.)			
20c. TIME OF INJU Haur a. m p. m	10	While	NJURY OCCURRED Nat while at wark		OF INJURY (Ham , street, affice blo			r tawn)	(C	aunty)	(State
actual SIGNATURE PHYSICIAN'S NAME (Type)	Villiam T.	Lay	59_, and that	death a	159, 159, 150, 150, 150, 150, 150, 150, 150, 150	rof	M, from the ADDRESS (Streets or	ne causes and et, city ar tawn,	d an the state) BB1	date sta	DATE SIGNE
REMOVAL (Specif	ION, 22b. DATE THEREC)F	22c. NAME OF CEME				22d. LOCATIO	ON (City, tawn, a	r caunty)	1	(State)
Burial 3. EUNERAL DIRECTO	12/16/19 PR'S SIGNATURE	59	Rose Hill	Ceme	0.4	a REC'E	DECISTO	rstown 24b. REGIS	TRAR'S SIG		yland
Suter-Roi	R'S SIGNATURE 12er Funeral	. Home	Hagerstow	n, Md	• DA	DE DE	C 1 7 '59		Chur S.		

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		30 Med 26	15. Oct 11.13
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Soalytak			
SK102 (2 42)	nenteregnii		I T meliting the second

death: Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 14291

CERTIFICATE OF DEATH

14256

Reg. Dist. No.

1. PLACE OF o. COUNT	Υ				ARYLAND	2. USUAL RES			d lived. If in	JNTY			
h CITY OF	2 1 10 10 10 10 10 10 10 10 10 10 10 10 1	LNGTON de corporote limi	te meite l				RYLAN			W		NGTO	N
RURAL	and give nearest	town)		c. LENGTH OF ST		. /	TOWN (If o				and give ne	arest town)	
ROUTE		DAR SPH			YRS	A ROUT	-	CLEAR	R SPR.	ING,	MD.	IC BECLE	EL ICE
OR INS	UTE 2	. CLE		PRING.	MD.	NONE	ADDRESS R	aure	2. C	LSPG.	MD.	e. IS RESID	ARM?
3. NAME OF DECEASED		Fir		Mid			ost	4. DATE OF		Month	De		ear
(Type or po	int) AGI	JSTON S	TRUC					DEATH	DEC:	EMBER	28	, 15	59
5. SEX	6. C	OLOR OR RACE	7. MARRI	IED TO NEVER MA	RRIED 🗌	B. DATE OF BIR	тн		9. AGE (In)			IF UNDER	
MAL	E W	HITE	WIDOWE	D DIVO	RCED 🔲	JULY	27. 1	876	83	yrs. Mont	hs Doys	Hours	Min.
10a. USUAL C	CCUPATION (G	ve kind of work e, even if retired	done 10b. I	KIND OF BUSINES	S OR INDU			or foreign co	ountry)			OF WHAT C	OUNTRYP
RE	TIRED			FARMIN	IG	FL	INTST	ONE	MD.		U.S.	A.	
13. FATHER'S	NAME					14. MOTHER	S MAIDEN N	IAME					5.0 16
	EDERIC	2 4 4 4 4 4	A Second Second			MELĪ	NDATH	ARTSO	OCK				
(Yes, no, or unkn	own) i lif ves	J. S. ARMED FOR give war or dates of s	ervice)	SOCIAL SECURITY		NFORMANT		22 00	PD 110181	Address	D 0 1100	272 00 /	27.00
N)			220-10-	-7930		WA	RD ST	TRUCK	MAN,	KUUT	E 2,0	JLSP
	ART I. DEATH W.	AS CAUSED BY:	11	e for (g), (b), and	(c).]	Do	1:	11		100	INT ON	SET AND D	WEEN
112		EDIATE CAUSE (o DUE TO		nen	TV	cero	u	170	an	10	K	ye	on
· 4-di	ons, if ony, w												
gove r	ise to immed	iole (-								
), stoting the <u>ur</u>	der- (c									9		
Z P	er II. OTHER SIG			ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASI	E CONDITIO	N GIVEN IN	PART 1(o)	19. WAS AL	JTOPSY
CATION												PERFOR/	MED?
	IDENT WAS UNI	DERLYING [20b. DESC	RIBE HOW INJURY	OCCURRE	. (Enter noture	of injury in P	art I or Port	II of item 18	3.			
(IF EITHER	RIBUTING LI CA	CAL EXAMINER)											
	OF INJURY MO	onth, Doy, Yes	or 20d. IN	JURY OCCURRED	20e. PL/	CE OF INJURY	(Home, form,	20f. (City	or town)		(County)		(Stote)
Hou	p. m.	19	While of work	Not while	fac	tory, street, offi	ce bldg., etc.						
21 1 00		attended the	decease	d from	11 /	10.5	9 10 8	Der.	1 7510	5-9	I lest a		
alive o	- X	1 . 28.	10.5	-9/	at death	accurred a	HO	AA from		10_/,that			
Tunive o		1		7, C) and m	iai dedin	accorred a			n the caus		n the da		abave. E SIGNED.
ACTUAL	cet XIV	TXXXX	Dre	wer	TIE.	10 PU	ian	Xps	ina	m	of.	12	128/
	1-5		-	T		n.D. ,			7				12/2
PHYSICIA NAME (T	(Pe)	-VIQ	M.	Brei	We:	7			J				
		b, DATE THEREC	F	22c. NAME OF C	EMETERY OF	CREMATORY		22d. LOCAT	ION (City, to	wn, or coun	ty)	(Stote)	
BURI	A (Specify)	DEC. 30), 19	59 CEDA	AR LA	WN MEM	ORIAL		DENS,	CEL	A 1000 1000	AWN,	MD.
23. FUNERAL	DIRECTOR'S SIGN	NATURE	1	ADDRESS		, /	15.0	BY REGIST	RAR 24b.	REGISTRAR'S	SIGNATU	RE	
John	1-11	ails.	Man	Vhen	2 . 70	d.	DATE DE	C 3 1 '5	59	CILLIA	S. Han	44	

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VS A1S (4) 1SM 9/58

14257

266	CERTIFICATE OF DEAT
	The state of the s

Rea. Dist. No.

34265				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY Washington	MARYLAND	~ CTATE	ylan d b. COUNTY	tion: Residence before odmission) Yashington
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hagerstown	c. LENGTH OF STAY IN 16 Minutes	c. CITY OR TOWN (IF o		RURAL ond give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Washington County Hosp		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Haven Vi	ola Swo	pe	4. DATE MO DEC	• 16 Day Year 1959
5. SEX Female 6. COLOR OR RACE White Widows	NEVER MARRIED DIVORCED	8. DATE OF BIRTH NOV. 5, 19	9. AGE (In years last birthday) 53 yrs	Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. during mast af warking life, even if retired)	NIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote Mar yla		12. CITIZEN OF WHAT COUNTRY? U.S?A.
13. FATHER'S NAME	74 6	14. MOTHER'S MAIDEN N	NAME	
Harry W. Lewis		Martha	E. Drape	r
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	INFORMANT		dress
(Yes No. or unknown) (If yes, give wor or dates of service)	None K	Geefer L. Sw	rope Smit	hsburg, Md. R
Canditians, if any, which gove rise to immediate cause (a), stating the under-lying cause last. DUE TO DUE TO (c)	lesti	- Hent D	assense	10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 12
20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in	Part I ar Part II af item 18.)	
ZOc. TIME OF INJURY Manth, Day, Year 20d. In While p. m. 19 at world	Nat while fa	LACE OF INJURY (Hame, farm actory, street, affice bldg., etc	o, 20f. (City ar tawn)	(Caunty) (State
21. I certify that I attended the decease alive an 12-10, 19 ACTUAL SIGNATURE Charles 5.	, no company	/ 1		7,that I last saw the deceased nd an the date stated above on, state) DATE SIGNED 1 Z - 16 - 54
PHYSICIAN'S Charles F. I	Hess	Smith	sburg Ma	:/-
220. BURIAL, CREMATION. 22b. DATE THEREOF BUR 181 12-19-59	22c. NAME OF CEMETERY C	lley Cem.	22d. LOCATION (City, town, nr. Smiths	
Raymond E. Creager	ADDRESS Thurmont, Mo			SISTRAR'S SIGNATURE

1 1 3. and the profile of the large of the control of the THE RESERVE OF THE PARTY OF THE

TO HOSPITAL

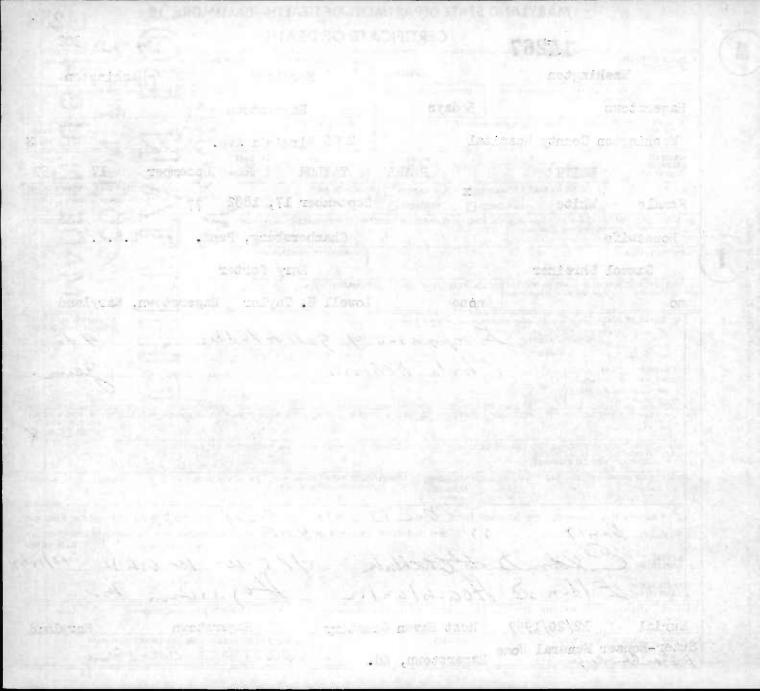
VS A15 (4) 15M 9/5B

08

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

1/267	Reg. Di	st. No. 202
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residen a. STATE	ce before admission)
Washington MARYLAND		hington
b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and s	give nearest town)
Hagerstown 5 days	03 Hagerstown	
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Washington County Hospital	d. STREET ADDRESS /2008 Virginia Ave.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First Middle	Lost 4. DATE Month OF Documbons	Day Year
(Type or print) EDITH PEARL	TAYLOR OF DECEMber	17 1959
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		1 YEAR IF UNDER 24 HR Days Hours Min.
Female White WIDOWED DIVORCED	September 11, 1004 // yrs.	Duy's Mills
Da. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)		ZEN OF WHAT COUNTRY
Housewife	Chambersburg, Penn. U.	S.A.
, FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Samuel Shreiner	Mary Porter	Contract of
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (fes, no, or unknown) [(If yes, give war or dates of service)]	INFORMANT Address	O B
no none	Lowell H. Taylor Hagerstown,	Maryland
gove rise to immediate cause (a), stating the <u>under:</u> lying cause lost.	hierie	year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		T 1(a) 19. WAS AUTOPS PERFORMED? YES NO
	IED. (Enter noture of injury in Part I or Port II of item 18.)	
	PLACE OF INJURY (Home, farm, 20f. (City or town) (Coctory, street, office bldg., etc.)	County) (Stot
21. I certify that I attended the deceased from Dec 1	7 , 1959, ta Dec 17 , 1957, that I la	ist saw the decease
alive on Dec 17 1955, and that deat	th occurred at 4:11 PM, from the causes and on the	
62.211	ADDRESS (Street, city or town, state)	DATE SIGNI
SIGNATURE Colon 1 STACHEN	lao. 1/5 hr la ash	SL 12/18
PHYSICIAN'S Eldin & Hoachlan	In Haserty	2mm
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
Burial 12/20/1959 Rest Haven C		Maryland
Suber-Rouzer Funeral Home Address	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
R. Franklin Rouge Hagerstown, M	DATE DEC 21 '59 Orilar &	Kraus
Time of promite it	NA.	



Poge 4 should be TO DEPUTY MESCAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay lessory, please executed the content of the writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fuheral dire. Page 4 should be forwarded to The Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremative. or removol. VS. A15ME(S) 5M 9/55

	MARYLAND STATE DEPARTM	IENT OF HEALTH—BALTIMORE, 18
and the same of th	MEDICAL EXAMINER	'S CERTIFICATE OF DEATH 14259
1, 1	14269	Reg. Dist. No.
(34	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE b. COUNTY 104 15 4 14 17 4 17 4 17 4 17 4 17 4 17 4
/ Ist	1 D.O.A. WASHINGTON Cly. HOSP. MARYLAND	1112. 1113/1/109/1010
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 ond give necrest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	HAGEKSTOWN.	03THAGERSIONN MJ.
400	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
099	MAJHINGION COUNTY	18 EASI AVE YES NOW
	3. NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) I A M es B,	/ HOMPS DEATH Dec, 22, 19 Jy
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
	MALE WIDOWED DIVORCED DI	Dec. 16, 1012 6/ yn.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU: during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	LINEMAN PE.P.Co	MASH, D.C. U.JH.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	W= A. //IOMAS	MARY A. M. DONALD.
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) 11 yes, give war or dotes of service)	INFORMANT Address
	YES MORLDWARY (3/1-4)	-3311) WITHAMH, PROPPICE)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Acute Hemorrh	agic Pancreatitis
- 00	322.0 DUE TO Fatty Change	Liver, Marked Recent
200	Canditions, If any, which gave rise to immediate cause	list Usten completed
	(a), stating the underlying DUE TO	A CONTROLLED TO THE CONTROLLED TO
	cause last. (c) Acute Alcohol	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
d		YES NO
	20a. EXTERNAL CAUSE WAS PRIMARY () OF CONTRIBUTING () CAUSE OF DEATH.	(Enter nature of injury in Part I or Part II of item 18.)
	Haur o. m. While Nat while for	ACE OF INJURY (Home, farm, i 20f. (City or town) (Caunty) (Slate) ctary, street, office bldg., etc.)
	21. I certify that I took charge of the remains described ab	
	death resulted from: Natural causes, Accident, Su	vicide, Homicide, Undetermined cause
	ACTUAL F SMI F HO	DATE SIGNED
^	SIGNATURE ON CON. SING. F.	M.D. CHIEF MEDICAL EXAMINER
4	EXAMINER'S > - 11/7	ASSISTANT MEDICAL EXAMINER
	NAME (Type) LB FW JS, 1 1 0 pc	DEPUTY MEDICAL EXAMINER
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
1.13	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE	17/11 JULILAND MA
0	1016 19 16 Stand 3603 142 D	240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
You	Wash. 1	DATE DEC 29'59 Orthun S. Kinus

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			Side Trans			
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III CE						
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		n solete min julija minetekarja (j. 18				

ling physicion and completely filled in by me funeral director,	se remove carbon papers. Pages 1 and 2 should be filed with	
in b)	pud	
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complet	papers.	Att.
ond	pou	ar de
cion	Car	Age.
physic	remove	72 hours after don'th
ling	Se	7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH**

Reg.	Dist.	No.	4	2	6	(
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Į.		1/000						K	teg. Dist. N	10.	
	1. PLACE OF DEATH o. COUNTY	ashington	Y	MARYLAI	ND	2. USUAL RESIDENCE (Who o. STATE Maryla	ere deceased live	d. If institution: b. COUNTY W	Residence be	ofore odmission)	
	B. CITY OR TOWN (RURAL and give n Sandy H	If outside carporate limits, earest town) OOK	write	c. LENGTH OF STAY IN 12 years	li li	c. CITY OR TOWN (If autside carporate limits, write RURAL and Sandy Hook			AL and give n	give nearest town)	
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, given Residence		address)		/d. STREET ADDRESS Main Street	et			e. IS RESIDENCE ON A FARM? YES NOAD	
	3. NAME OF DECEASED (Type or print)	First KATHER IN	NE .	Middle ELIZABET	ГН	THOMP SON	4. DATE OF DEATH DE	Month	19,	Doy Yeor 59	
	s. sex Female	White v	VIDOWE	Speed No.	5 P	July 5, 190	6	stbighdoy) w	UNDER 1 YEA	AR IF UNDER 24 HRS. s Hours Min.	
	Housewif	king life, even if refired)		kind of Business or II	NDUS	TRY 11. BIRTHPLACE (State of Garrett's			12. CITIZEN USA	OF WHAT COUNTRY?	
	13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
1	Harry	E. Nokes				Sarah Pe	arl Joi	nes .			
	1S. WAS DECEASED EVE (Yes, no. or unknown) NO	R IN U. S. ARMED FORCE (If yes, give wor or dates of servi None	S? 16. S	None	17. IN	F.D.#1, K	e R. Th	omp ysor e, Mar			
		ATH [Enter only one couse ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	e per line	e for (a), (b), and (c).]	K	nhi livi Frille			IN	NTERVAL BETWEEN NSET AND DEATH	
	Conditions, if o gove rise to i cause (o), stoting lying couse lost.	mmediate (DUE TO	<i></i>			700					
	CAT	Dial	T	97		NOT RELATED TO THE TERMIN			IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 1	
	T (IF EITHER, NOTIFY	MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OCCL	JRRED	. (Enter nature af injury in P	art I ar Part II af	item 18.)			
	20c. TIME OF INJUR Hour o. n. p. m.	Y Month, Day, Year	While	JURY OCCURRED 20e	e. PLA fact	CE OF INJURY (Home, farm, ary, street, affice bldg., etc.)	20f. (City or to	wn)	(Caunt)	y) (State)	
	21. I certify the alive on	ACTUAL ADDRESS (Street, city or lown, stote) ACTUAL ADDRESS (Street, city or lown, stote) DATE SIGNED									
		W. B. Carp	ent	er, M.D.		Brunswi	ck, Ma	ryland	V-V-1		
	REMOVAL (Specify)	12/21/59)	22c. NAME OF CEMETER New Breth:		crematory n Cemetery	22d. LOCATION Browns	(City, tawn, or co		(Stote) yland	
	23. FUNERAL DIRECTOR	S SIGNATURE	/	Harpers F	er: Va	У,	BY REGISTRAR	24b. REGISTRA	AR'S SIGNATI		

HOSPIE AND		CERTIFICA		
				2000 S
ion Con				
and the section fresh (# 25) and the section		effests tallfill been	noe-6 am hatmina	21. Frontily that I chief the particular and partic
	ASOLARS YOURS	o remain to all light	ADMINITURES	
All Memoria , 31 It Vers		artson a serion		

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours VS A15 (4) 15M 9/58

	丁品でみつ	CERTIFIC	AIL OI D	LAIII		200	Reg. Dist	, No. 302	2
1. PLACE OF DEATH o. COUNTY Wash	ington	MARYLAND	2. USUAL RESIDI	ence (Where		ved. If institution b. COUNTY		before adm	
b. CITY OR TOWN (If outsi	town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If out	side corporat	e limits, write Rl	JRAL and gi	ve nearest to	wn)
Rural Hagers	town	15 years	X	Rur	ral Ha	gerstown	1		
d. NAME OF HOSPITAL (IF OR INSTITUTION R.F.D. # 3	not in hospitol, give street Sharpsburg	oddress)	d. STREET AD		R.F.D.	# 3		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle FREDERICK	Lost THURS		OF DEATH	Decembe		Day 19	Yeor 19 9 9
	white widow	RIED NEVER MARRIED TO DIVORCED TO	8. DATE OF BIRTH		9.	AGE (In years last birthday) 66 yrs.	Months D	YEAR IF UN	T .
10a. USUAL OCCUPATION (G during most of working li		KIND OF BUSINESS OR IND			foreign coun			S.A.	T COUNTRY
3. FATHER'S NAME	302		14. MOTHER'S A			2,0110	1 0		
Ca	lvin B. Thurs	ston	Luc	retia	Ann S	chleigh			
1S. WAS DECEASED EVER IN U (Yes, no, or unknown) (If yes,	J. S. ARMED FORCES? give wor or dates of service)	SOCIAL SECURITY NO.	INFORMANT Mrs. Cora		100	Addr		wn, Mo	i.
18. CAUSE OF DEATH	Enter only one cause per li	ne for (a), (b), and (c).]						INTERVAL ONSET AN	
Conditions, if any, w gove rise to immed couse (o), stating the <u>u</u> lying cause lost.	DUE TO (b) DUE TO DUE TO (c)	r c inomatosi	3						mon.
PART II. OTHER SI	GNIFICANT CONDITIONS	None.	JT NOT RELATED TO	THETERMINA	AL DISEASE C	CONDITION GIV	EN IN PART	1(o) 19. WA PER YES	FORMED?
	AUSE OF DEATH	CRIBE HOW INJURY OCCURI	RED. (Enter noture of	injury in Pa	rt I ar Part II	of item 18.)			
20c. TIME OF INJURY M. Hour o. m. p. m.	While	k at work	PLACE OF INJURY (H foctory, street, office	bldg., etc.)				ounty)	(State
21. I certify that I alive an Dec	attended the decease	ed fram April 9, and that dea		N.	A, fram th		d an the	date stat	ed abav
(1),00		i.D.	Ha			Maryl			
220. BURIAL, CREMATION, 2 REMOVAL (Specify) Cremation	26. DATE THEREOF 12/20/1959	22c. NAME OF CEMETERY Cedar Hill		2		ington	or county)	· ·	itote)
23. FUNERAL DIRECTOR'S SIG Suter-Rouzer	NATURE Funeral Home	ADDRESS Hagerstown	Md	24a. REC'D	BY REGISTRA	R 24b. REGIS	Thun S.	0	

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gottag/gran			Vineti Ingriori	
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	construction and the	Z.	est/file	0
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eracith gamestorn, Mr.	acel . Tared .a.			

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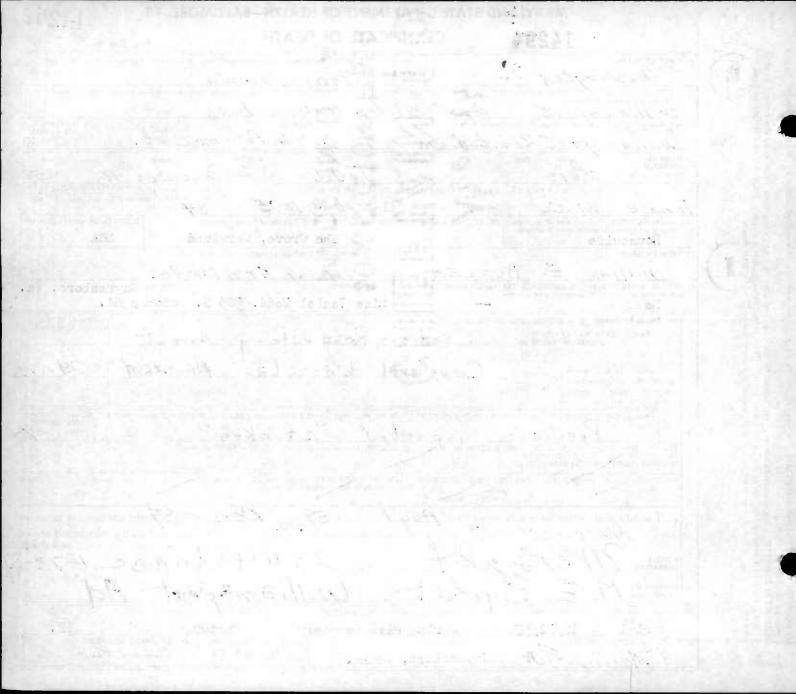
VS A1S (4) 1SM 9/5B

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

ON INSTITUTION STATE Compared State S		14294	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	
b. CITY OR TOWN If outside corporate limits, write CLENGTH OF STAY IN 16 CUITY OR TOWN (If outside corporate limits, write RURAL and give necreat fown RURAL on digive necreat fown RURAL START (NOTES) AND THE STATE OF	o. COUNTY	ngton	MARYLAND	O STATE	b. COUNTY		dmission)
d. NAME OF HOSPITAL (If not in haspital, give treat address) J. NAME OF HOSPITAL (If not in haspital), give treat address) J. NAME OF HOSPITAL (If not in haspital), give treat address) J. NAME OF HOSPITAL (If not in haspital), give treat address) J. NAME OF HOSPITAL (If not in haspital), give treat address of NAME OF DECEMBER (If NAME OF D	b. CITY OR TOWN (If or RURAL and give near	ulside corporate limits, write cest town)		c. CITY OR TOWN (If ou	tside corporate limits, write R	URAL and give nearest	town)
3. NAME OF DECEASED (Type or print) DOLLAR OF COLOR OR RACE OLDAR OR RACE OLDAR OF COLOR OR RACE OLDAR OR RACE O	d. NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, give street ad	dress)	d. STREET ADDRESS		2/	S RESIDENCE ON A FARM? ES NO T
4. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ADE (In year) 1	3. NAME OF DECEASED		Middle	Todd	OF OF	1 10	Yeor
HOUSEWITE 3. FATHER'S NAME S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT INFORMANT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate course lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. DUE TO Conditions, if only, which gove rise to immediate pour lost. (b) Conditions, if only, which gove rise to immediate pour lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS A PERFORMANCE POUR LOST. PRESCRIPTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS A PERFORMANCE POUR LOST. TO THE OF WAS UNDERSYING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS A PERFORMANCE POUR LOST. TO THE OF WAS UNDERSYING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS A PERFORMANCE POUR LOST. TO THE OF WAS UNDERSYING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS A PERFORMANCE POUR LOST. TO THE OF WAS UNDERSYING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WA	4 1	1111111	/	0 10	9. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. No. of unknown)	during most of working	life, even if refired)	ND OF BUSINESS OR INDI				AT COUNT
18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY. 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). PART II. DEATH WAS CAUSED BY. 19. Conditions, if ony, which gove rise to immediate couse (a), stoting the under love (b) 19. Conditions, if ony, which gove rise to immediate couse (a), stoting the under love (c) 19. WAS LINE OF LAND OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PERFO OF CONTRIBUTING 20. ACCIDENT WAS UNDERSYNING 200. DESCRIBE HOW INJURY OCCURRED. 20. CONTRIBUTING CAUSE OF DEATH 200. DESCRIBE HOW INJURY OCCURRED. 19. CONTRIBUTING CAUSE OF DEATH 201. 19. CONTRIBUTING CAUSE OF DEATH 202. 19. CONTRIBUTING CAUSE OF DEATH 203. 19. CONTRIBUTING CAUSE OF DEATH 204. 19. CONTRIBUTING CAUSE OF DEATH 205. 206. PLACE OF INJURY (Home, form, 201. (City or fown) (County) 207. CONTRIBUTY Marin, Day, Year 204. 19. CONTRIBUTY Marin, Day, Year 204. 208. PLACE OF INJURY (Home, form, 201. (City or fown) (County) 208. PLACE OF INJURY (Home, form, 201. (City or fown) (County) 209. PLACE OF INJURY (Home, form, 201. (City or fown) (County) 201. I certify that I attended the deceased fram Aug 19. Sp. That I last saw the death accurred a 2	WILLIAM S. WAS DECEASED EVER IN		LER DIAL SECURITY NO.	SAMAH A	Inn Blade		ro. P
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Color C	No			iss Isabel Todo		omac St.	
20c. TIME OF INJURY Mann, Day, Year 20d. INJURY OCCURRED While at work of work 19 work of work 19 work of work 19 work 19 while at work 19 manner of work 19	Conditions, if ony, gove rise to imm couse (a), stoting the	DUE TO (b) nediote	eve bual	Vascula	ar Acció	Post 5	24 h.
20c. TIME OF INJURY Manin, Day, Year 20d. INJURY OCCURRED While at work of work 19 work of work 19 work 19 while at work 19 affice bldg., etc.) 21. I certify that I attended the deceased fram. Aug. 1959, ta ABC 18 1959 that I last saw the decay alive an Accumber 18, 1959, and that death accurred at 3 R.M., fram the causes and an the date stated ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S M. F. BYYK: NAME (Type) M. F. BYYK: William Sport Ma	PART II. OTHER	revious	repeate	& "stre	Kes"	P	ERFORMED
21. I certify that I attended the deceased fram Aug / 1959, ta Aug 1879. Shat I last saw the dealive an Necember 18, 1959, and that death accurred at 3 12 M, fram the causes and an the date stated ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S M, E. BYYK: Williamsport Md		CAUSE OF DEATH	BE HOW HURY OCCUR	ED, (Enter nature of injury in Po	art I ar Port II of item IB.)		
alive an Necember 18, 1959, and that death accurred at 37 M, from the causes and an the date stated ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S M, E. Byrkit Williamsport Md	Hour o. m.	While	Not while for	LACE OF INJURY (Home, form, actary, street affice bldg., etc.)	20f. (City ar town)	(County)	(Sto
PHYSICIAN'S M, E. Byrkit Williamsport Md				h accurred at 3 12 R.	M, fram the causes an	nd an the date st	ne decea ated aba
NAME (Type) / 1, E. DYVNI WILLIAMS POYL P'Q	SIGNATURE	MBy	lest	м.р. 28 4	Poton	10 C /	27/8
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State	PHYSICIAN'S NAME (Type)	E BYV	KIT PARE OF CEMETERY	OR CPEMATORY	msport	- Md	(State)
REMOVAL (Specify)	REMOVAL (Specify) Burial	12/22/59	Spring Hil	1 Cemetery	Easton		Md.



MAKILAND	JIAIL DEI ARIM	LIVI OF HEALTH	-DALII			
14269	CERTIFICA	ATE OF DEATH			Reg. Dist. N	.14263
1. PLACE OF DEATH O. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (When o. STATE MARYI		ived. If institution		fore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF OUT) 3 HAGERSTO		te limits, write RL	JRAL ond give n	earest town)
d. NAME OF HOSPITAL (If not in hospital, give street WARSTITINGTON COUNTY HOS		d. STREET ADDRESS 321 NOTTIN	NGHAM	RD.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ALICE:	VIRGINIA	Lost TROVINGER	4. DATE OF DEATH	Mont	h c	oay Yeor
5. SEX FEMALE 6. COLOR OR RACE 7. MARR WIDOWE		8. DATE OF BIRTH 5/29/1915	9.	AGE (In years lost birthdoy) 44 yrs.	Months Days	R IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU HOME	STRY 11. BIRTHPLACE (Stote of MARYLANI		ntry)		S.A.
13. FATHER'S NAME ROBERT L. COLVIN		LEVINA HU		SON		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? [16. (Yes) no. of monown) (If yes, give war or dates of service)		MR. LLOYD C.			essHAGER	STOWN ND.
1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	ne for (o), (b), ond (c).]	lanoma of th	ne li	ver		TERVAL BETWEEN SET AND DEATH 3 MO.
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse lost.						

CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)

20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Yeor 20d. INJURY OCCURRED foctory, street, office bldg., etc.) While Not while of work a. m.

19 59 hot I lost saw the deceased 21. I certify that I ottended the deceased from Sept ond that death occurred at 3:15M, from the couses ond on the dote stoted obove. ADDRESS (Street, city or town, state)

West Washington St. ACTUAL SIGNATURE B. Kneisley, M.D. PHYSICIAN'S

Hagerstown, Maryland

22b. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 12/5/59 ROSE

ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE

NAME (Type)

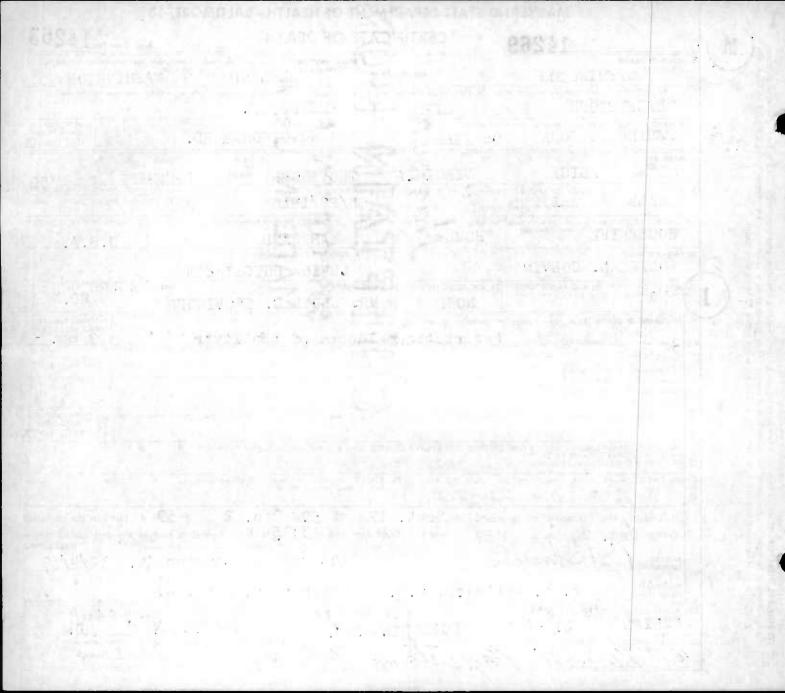
24a. REC'D BY REGISTRAR DEC DATE

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

(County)

(Stote)

VS A15 (4) 15M 9/5B



20b. DESCR

WI

at

Month, Day, Year

21. I certify that I took charge of the

opinion death resulted from: Natura

220. BURIAL, CREMATION, 22b. DATE THEREOF

Scott F. Minnich & So.

Edward W.

200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH.

a. m.

p. m.

20c. TIME OF INJURY

ACTUAL SIGNATURE

Burial

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

MEDICAL

14264

e. IS RESIDENCE

Yeor

ON A FARM?

YES NO

1959

Min.

Reg. Dist. No.

Washington

IF UNDER TYEAR IF UNDER 24 HRS.

Hours

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

Days

Months

SOCIAL SECORITY NO. 17. INFORMANT		Address	
14-09-5222 William H	. White Ha	gerstown 1	Id.
o for (o), (b), and (c). }		INI	TERVAL BETWEEN
Coronary Ocelus	ein ,	1/2	nton!
Ment Schules CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
BE HOW INJURY OCCURRED. (Enter nature of injur	v in Part I or Part II of Iter	n 19)	YES NO P
	,		
INJURY OCCURRED 20e. PLACE OF INJURY (Hor factory, street, office blurch of work		vn) (Caunly)	(State)
remains described above, held an A causes Accident , Suicide [
ASSISTANT	MEDICAL EXAMINER	13	DATE SIGNED
DO AL	DICAL EXAMINER		~/
	Uo com		(State)
ADDRESS 24	6. REC'D BY REGISTRAR DEC 2 3 '59	246. REGISTRAR'S SIGNATION & Know	
Rest Haven Cemeter ADDRESS	22d. LOCATION (Hager	24b. REGISTRAR'S SIGNAT	

10 VS. AISME 5M 2/57

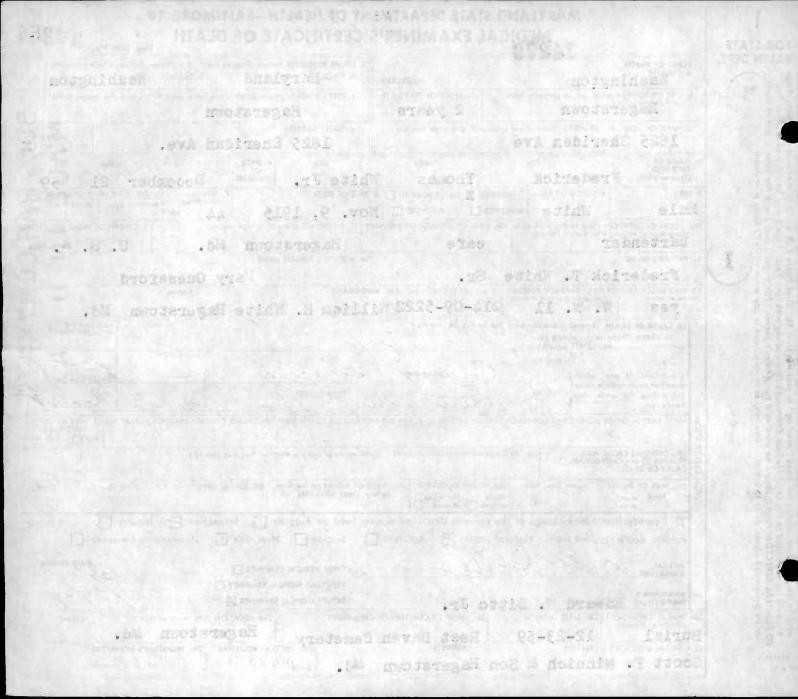
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DIRECTOR:

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Market State Control of the Control				

		NT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 14266
Washington	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
tside corporate limits write RURAL	C TENGTH OF STAY IN Th	CITY OF TOWN (15 outside corporate limits purite PUPA) and give approach town)

), PLACE OF DEATH o. COUNTY	Washingto	on	MARYLAN	O STATE	Maryl		b. COUN		timor	
b. CITY OR TOWN (I and give nearest low Hagerst	•	e RURAL C.	LENGTH OF STAY IN 1	b c. CITY O		imore	rporote limits, write	RURAL and a		town)
d. NAME OF HOSPIT	TAL OR INSTITUTION	(If not in hospital	, give street oddress)	d. STREET	ADDRESS					RESIDENCE
Enroute	by Greyhoun	nd Bus		851	Glade	Cour	t			□ NO ☑
3. NAME OF DECEASED (Type or print)	fir Cha:	rles	Middle L.	Wolgast	181	4. DATE OF DEATH	Mont Dec		Doy 12	Year 1959
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	ГН	- 114	9. AGE (In years			NDER 24 HRS.
Male	White	WIDOWED [DIVORCED [Nov. 9	, 1913		46 yrs.	Months D	ays Hour	Min.
10a. USUAL OCCUPATION during most of working Soldie		done 10b. KIND US	OF BUSINESS OR IND	USTRY 11. BIRTHE	LACE (Stote	or foreign	country)	12. CITIZI	EN OF WHA	AT COUNTRY?
13. FATHER'S NAME		3,310	A TOTAL MAR	14. MOTHER	S MAIDEN N	NAME				
	JNKNOW.	N		UN	IKNE	WW				
15. WAS DECEASED EV	YER IN U. S. ARMED FO If yes, give war or dates of 10/16/40 -/	service)		Andrew C.	. Curr	ie, B	Address ox 81, Ne		nton,	Penna.
	TH [Enter only one can	use per line for (o), (b), ond (c).]						INTERVAL BET	TWEEN DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CORO	NARY OCCL	USION	P 20					
420.1	DUE TO								- 13-	
Conditions, if		MYOC	ARDIAL IN	FARCTIC	N				RESE	NT
gove rise to imme (o), stoting the couse lost.)								
PART II. OT	HER SIGNIFICANT CON	DITIONS CONTR	IBUTING TO DEATH BU	IT NOT RELATED TO	O THE TERMI	INAL DISEAS	SE CONDITION GI	VEN IN PART	I(o) 19. WA PER YES []	FORMED?
	USE WAS NTRIBUTING []	Db. DESCRIBE HO	W INJURY OCCURRED	. (Enter noture of	injury in Por	l or Port I	l of item 1B.}			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Yeo	20d. INJU While of work	Not while	PLACE OF INJURY octory, street, office	(Home, form e bldg., etc.	20f. (Cit	y or town)	(Coun	ty)	(Stote)
21. I certify t	hat I taok charge	of the rem	ains described a	bave, held a	Autaps	y X, 1	Inspection 🔲	, Inquiry	[], and	d find that
death resulted	fram: Natural	causes 🔯,	Accident, S	ouicide [],	Hamicide	☐, U	Indetermined	cause .	The same	
ACTUAL	A 50	10.7	87	CHIEF	MEDICAL EX	AMINER (1		. DAT	E SIGNED
SIGNATURE	The Car	23000	1	M.D.	ANT MEDIC	_			DEC.	13,19
EXAMINER'S NAME (Type)	DR. E.W.	DITTO.	IR		Y MEDICAL					,,,,,
220. BURIAL, CREMATIC)F 22c.	NAME OF CEMETERY	OR CREMATORY		22d. LOC/	ATION (City, town,	or county)	(Si	tote) Md.
REMOVAL (Specify) Burial	1- 1.	950 N	ational Cer	metery		5501	Frederic	k Ave.	. Ba 1	
23. FUNERAL DIRECTOR		,,,	ADDRESS		24a. REC'	D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	IATURE	***********
S. Mer	lin SOE	Way	nesboro, P	enna.	DATE T	DEC 2 1	159	7.77.17 9	for	
		v					7	7/1	Luciia	

VS. A15ME(5) 5M 9/55

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1.	o. COUNTY WAS	SHINGTON		M	ARYLAND	o. STATE MARYI	LAND	b. COUNTY	lion: Residence	NG TON	on)
t	HAGERS	Ilf outside corporate limits, w	rile RURAL	e. LENGTH OF ST. 8 YRE		C. CITY OR TOWN (IF COST HAGERST)	outside corporate	limits, write	RURAL and give	nearest lown	1)
ľ	NAME OF HOSP	TON COUNT	(If not in ho Y HOS	spital, give street add	dress)	d. STREET ADDRESS / 431 GUILI	FORD A	VE.		e. IS RES ON A YES	FARM2A
	NAME OF DECEASED (Type or print)	BERNAR	irst D	CALVI	ON	YOUNGBLOOD	A. DATE OF DEATH)ECM:	BER D	Y1 Yeo	59
	MALE	WHITE	WIDOWE	_	ED 🔲	1/6/1920	lost	DE (In years being) yrs.	Months Days		Min.
10a	USUAL OCCUPAT Juring most of work BLECTRI		done 10b.	KIND OF BUSINESS OF	CONT	THACTOR	WEST V	RGINI	12. CITIZEN	S. A.	DUNTRY?
13.	GEORG	E W. YOUN	GBLO	DD		14. MATHERIS MANDEN TO	TERS			HAGER	CITIC W
15. (Yes	WAS DECEASED E	VER IN U. S. ARMED F	ORCES? 16	SOCIAL SECURITY N	10. 17. IN 495	MRS. NELL	IE C.	YOUNG	BLOOD		ID.
		ATH [Enter only one of ATH WAS CAUSED BY: IMMEDIATE CAUSE (for (o), (b), and (c).					0	TERVAL BETWEEN	1
19	Hao. 1	DUE TO		0		97		22.7	,	46	2
	gove rise to imm (o), stoling the couse lost.	underlying DUE TO		Myor	kus	had In	facti	000		Recent	6
CATION	PART II. O			ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERMIN	IALDISEASE CON	IDITION GIV	EN IN PART 1(o	19. WAS AL PERFORM	MED?
CERTIFICATION	20g. EXTERNAL CAPRIMARY ☐ or CO	AUSE WAS ONTRIBUTING []	20b. DESCRIB	E HOW INJURY OCC	CURRED. (Er	nter noture of injury in Port	or Port II of ite	m 1B.)			
MEDICAL	20c. TIME OF INJU Hour a. m p. m		Whil	INJURY OCCURRED Not while ork ol work	facto	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or to	wn)	(County)		(Stote)
						re, held an Autopsy	Z, Inspec	ction [],	Inquiry [, and fi	nd that
	death resulte	d from: Natura	causes	Accident [, Suic	ide [], Homicide	, Undet	ermined c	ause .		
	ACTUAL SIGNATURE	In Will	Xe	Muz		M.D. CHIEF MEDICAL EXA	_		12	DATE SIG	PNED
	EXAMINER'S NAME (Type)	MEW	77,	770	2-	ASSISTANT MEDICAL EX			//	139	
	BURIAL CREMATI	12/1	of 4/59			CEMETERY	22d. LOCATION CUMB	(City, town, c ERLAN	D County)	(Stote) MD.	
23.	FUNERAL DIRECTO	R'S SIGNATURE	1 Hz	ADDRESS	con	/. /	BY REGISTRAR 1 5 '59		TRAR'S SIGNAT	-	
-	-		/	//	7		-				

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

14295 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Washington Washington Marvland b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 9Yrs. Hancock Maryland Hancock d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X Home 3. NAME OF Middle First 4. DATE Month Yeor Day DECEASED (Type or print) Richard David DEATH 19 59 Zepp 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys DIVORCED | WIDOWED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) Baltimore City Maryland U.S.A. Liquor Store Liquer Store 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lena Renke David Zepp 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Margie L Zepp Hancock Maryland No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased fram._______, 19_ and that death accurred at 4:10 M, from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type) Hancack 220. BURIAL, CREMATION, 226. DATE THEREO! 22c. NAME OF CEMETERY OR CREATINGS X 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Presbyterian Burdal Hancock Washington Md 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



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